

<b>Case Number:</b>	CM14-0034494		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/14/1997
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72-year-old gentleman who was reportedly injured on March 11, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated February 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities with numbness and tingling as well as right knee pain and left shoulder pain. The physical examination demonstrated tenderness at the anterior aspect of the left shoulder with a positive impingement sign and Hawkin's test. The examination of the lumbar spine noted tenderness along the lumbar paravertebral muscles. There was a positive straight leg raise test and dysesthesia at the L5 and S1 dermatomes. The examination of the right knee noted tenderness at the medial joint line and a positive McMurray's test. Crepitus was noted with flexion and extension. An examination of the left ankle noted tenderness at the anterolateral aspect. An MRI (magnetic resonance imaging) of the ankle and foot was recommended and Motrin was prescribed. A request was made for Ambien and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**NINETY (90) AMBIEN CR 6.25MG (EXPRESS SCRIPTS) BETWEEN 2/14/2014 AND 5/20/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines (ODG), Ambien is a medication indicated for short-term treatment of insomnia, usually from 2 to 6 weeks. In this case, it is not stated in the most recent note that the injured employee has a difficulty sleeping or its potential relation to the injury. There is also no mention of previous efforts to establish good sleep hygiene. Furthermore, a prescription of 90 tablets of Ambien is a 12 weeks prescription; double that of six weeks authorized by the ODG. For these reasons, the request for Ambien is not medically necessary.