

<b>Case Number:</b>	CM14-0034525		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/17/2014
<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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of November 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; unspecified amounts of physical therapy; and sleep aids. In a utilization review report dated February 17, 2014, the claims administrator approved a request for Motrin while denying a request for Ambien, a sleep aid. Non-MTUS ODG Guidelines were cited. In a medical-legal evaluation dated May 2, 2014, the applicant was described as using cyclobenzaprine, zolpidem (Ambien), Prilosec, and Motrin. The applicant stated that she was off of work, on total temporary disability, was so on the file as an employee of record. It appears that the applicant was using Ambien as early as August 29, 2013, at which point the applicant's primary treating provider wrote a letter appealing a utilization review denial of Lidoderm, Ultram, Norco, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for worker compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA.

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that an attending provider who prescribes the drug for non-FDA label purposes has the responsibility to be well informed regarding usage of the same, and, furthermore, provide some compelling evidence to support such usage. In this case, the Food and Drug Administration (FDA) notes that Ambien is indicated for the short-term treatment of insomnia for up to 35 days. In this case, however, the attending provider seemingly proposing continued, ongoing usage of Ambien on a scheduled, long-term, and/or sustained use basis. The applicant has, at a minimum, been using Ambien on a nightly basis for what appears to be several months. This is not indicated or supported by the FDA. Therefore, the request is not medically necessary.