

<b>Case Number:</b>	CM14-0037368		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/10/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old male injured on 10/10/08 as a result of cumulative trauma due to lifting furniture. Current diagnoses included musculoligamentous sprain/strain of the lumbar spine, herniated discogenic disease of the lumbar spine, lateral epicondylitis of the left elbow, and radiculopathy of the lower extremities. Clinical note dated 12/27/13 indicated the injured worker presented complaining of left elbow pain and low back pain with associated left lower extremity radiculopathy. The injured worker reported difficulty with prolonged standing and sitting. The injured worker also complained of left shoulder pain with difficulty performing overhead reaching. Physical examination of the lumbar spine revealed slight loss of lumbar lordotic curve, palpable trigger points with positive twitch response, tenderness to paravertebral muscles around L5-S1, decreased range of motion, positive straight leg raise, decreased sensation over left calf and slight decreased strength at plantar and dorsiflexion. Physical examination of the left elbow revealed use of brace, swelling of lateral epicondyle, tenderness over lateral epicondyle, and decreased range of motion and pain with resisted wrist extension. The injured worker previously failed epidural steroid injections times three to the lumbar spine and was participating in physical therapy and home exercise program. Refills for naproxen 550mg twice daily Nizatidine 150mg twice daily, Tylenol #3 twice daily, and Ambien 5mg at night were provided. The initial request for Ambien 5mg #30 was non-certified on 01/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 5MG, # 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 (ODG) Pain Chapter, FDA (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 5mg, #30 cannot be recommended as medically necessary.