

<b>Case Number:</b>	CM14-0039254		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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:

This is a 56-year-old male with a 2/1/13 date of injury. The patient notes sleeping complaints on 2/21/14 and was noted to be on Ambien. He was seen on 3/7/14 with complaints of constant neck and low back pain, which were relieved with medications by approximately 80%. Exam findings reveal restricted range of motion in the cervical, thoracic and lumbar spine, positive compression test, diffuse tenderness in the wrists upon palpation with decreased range of motion, thenar atrophy on the right, decreased sensation in the 1-3rd digits bilaterally. The diagnosis is carpal tunnel syndrome. Treatment to date includes medications, trigger point injections, and splinting. The UR determination dated 3/17/14 as the patient is noted to have problems sleeping despite the use of Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg 1 times per day for 30 days:** 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, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines ODG (Pain Chapter, Ambien) Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

**Decision rationale:** The California MTUS does not address this issue. The Official Disability Guidelines and the Food and Drug Administration state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The patient has been using this medication at least since 2/21/14 chronically and there is a lack of documentation with regard to how this medication is helping the patient with regard to sleep. In addition, hypnotics are not meant to be taken chronically on a daily basis as they are habit forming and deplete stage III and IV sleep, which can worsen insomnia over time. Therefore, the request for Ambien 10 mg for 30 days is not medically necessary.