

<b>Case Number:</b>	CM14-0042225		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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 claimant is a 43 year old male, with date of injury on 5/9/2002. He has complaints of neck and shoulder pain, rated 9/10. He has a history of prior cervical fusion C5-6. He also complains of insomnia due to pain. Medications include OxyContin, Limbrel, Soma, Xanax, Baclofen, Zofran, Percocet, Lyrica and Ambien controlled release. Prior utilization review (UR) denied Ambien controlled release due to potential for abuse and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5 mg tablet 1 t at bedtime for insomnia due to pain #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, Pain Chapter Zolpidem (Ambien).

**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 (Ambien®).

**Decision rationale:** CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Ambien controlled release is a prescription long-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks)

treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, this injured worker has chronic lower back pain and reports difficulty sleeping at night secondary to chronic pain. However, the records provided are very limited and there is no documentation of sleep hygiene or details of sleep issues. He is noted to have pain during night interfering with sleep. There is no evidence that the pain issue at night time has been evaluated. Furthermore, the safety of Ambien controlled release has recently been questioned. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Thus, the request is not medically necessary.