

<b>Case Number:</b>	CM14-0043097		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Illinois. 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 39-year-old male who reported an injury on 02/03/2009. The mechanism of injury was not provided. On 02/25/2014 the injured worker presented with complaints of low back pain and constant numbness and coldness in the bilateral feet. He stated that current medications Norco, Soma, Ambien, Flexeril and Prilosec were currently not working. On examination the injured worker had an antalgic gait with cane, positive for trigger points over the bilateral lumbar spine and a pain scale of 7/10 with medications. Medications include Norco, Soma, Ambien, Flexeril and Prilosec. Diagnoses were joint pain, tear of the knee medial meniscus, sprain/strain of the knee and leg and spinal enthesopathy. The provider recommended Ambien 5 mg with a quantity of 30. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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- Pain chapter.

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

**Decision rationale:** The request for Ambien 5 mg with a quantity of 30 is non-certified. The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term, usually 2 to 6 week treatment, of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short term benefit. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The injured worker stated that his current medication regimen was not working. The included documentation lacked evidence of a diagnosis or symptoms of insomnia. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.