

<b>Case Number:</b>	CM14-0045191		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/04/1987
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 53 year old female injured on 05/04/87 when she was struck by a falling object. Current diagnoses included mixed insomnia, migraine, trigeminal neuralgia, and atypical facial pain. Clinical note dated 01/08/14 indicated the injured worker presented complaining of left sided head pain rated 4-8/10 in addition to difficulty sleeping, depression, anxiety, headaches, and feelings of stress. Physical examination revealed obesity with numbness over lower half of the left side of the face. Medications included Ambien 5mg daily, duragesic 25mcg/hr every 72 hours, lorazepam 2mg three times daily, Norco 10-325mg every three hours. The initial request for Ambien 5mg #30 was non-certified on 03/19/14.

### 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.

**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 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.