

<b>Case Number:</b>	CM14-0062033		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/19/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Nevada. 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 68-year-old female who was reportedly injured on February 19, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 3, 2014, indicates that there are ongoing complaints of back pain radiating down the left leg. Current medications include AcipHex, Ambien, ducosate sodium, methadone, Senokot, Norco and Miralax. It was stated that Ambien helps the injured employee sleep at nighttime. The physical examination of the lumbar spine noted restricted range of motion. There was tenderness along the paravertebral muscles and pain with facet loading on the right side. There was a positive left-sided straight leg raise test at 80. Diagnostic imaging studies of the lumbar spine revealed moderate bone and disc changes from L1 through L5 with associated bilateral foraminal narrowing. Previous treatment includes lumbar spine radiofrequency rhizotomy, and a lumbar facet joint injection. A request was made for Ambien and was not certified in the pre-authorization process on April 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg tablets with 1 refill:** 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), Zolpidem.

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

**Decision rationale:** Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. A review of the attached medical record indicates that the injured employee has been taking Ambien on a daily basis. As such, this request for Ambien is not medically necessary.