

<b>Case Number:</b>	CM14-0063690		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Psychiatry 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 injured worker is a 61 year old female with date of injury 1/23/2013. Date of the UR decision was 4/11/2014. Mechanism of injury was described to be a trip and fall in which she hit the right side of her face and her right hip. She became unconscious briefly after the fall and developed numbness in the right periorbital region. Per report dated 3/27/2014, she had hyperesthesia and hyperalgesia in the distribution of right supraorbital nerve extending lateral to right orbit. She was also noted to be tearful during the exam. She was started on Lyrica for neuropathic pain. There is no indication in the submitted documentation regarding 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 5 MG:** 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).

**Decision rationale:** The MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien(generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." There is no progress report in the submitted documentation that suggests that Ambien has been prescribed for the injured worker or the reasons for the prescription. Also, the request does not specify quantity of Ambien 5 mg requested. Ambien is recommended for short term use only i.e. 7-10 days per the guidelines. Thus, the request for Ambien 5 mg, unspecified quantity is not medically necessary. There is no progress report in the submitted documentation that suggests that Ambien has been prescribed for the injured worker or the reasons for the prescription. Also, the request does not specify quantity of Ambien 5 mg requested. Ambien is recommended for short term use only i.e. 7-10 days per the guidelines. Thus, the request for Ambien 5 mg unspecified quantity is not medically necessary.