

<b>Case Number:</b>	CM14-0068818		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	09/06/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 & 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:

According to the records made available for review, this is a 63-year-old female with a 1/7/03 date of injury. At the time (3/12/14) of request for authorization for Ambien 12.5mg #30, there is documentation of subjective (low back and neck pain) and objective (tense cervical paraspinal musculature with spasm extending to trapezium, near complete range of motion, and no focal weakness in the upper extremities) findings, current diagnoses (cervical postsurgical syndrome, facet arthropathy, lumbar degenerative disc disease, and insomnia secondary to chronic pain), and treatment to date (medications (including ongoing treatment with Ambien since at least 12/5/13)). Medical report identifies that medications enable the patient to perform any exercise activity and perform simple household tasks including self-grooming.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 12.5mg #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 (ODG), 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) Chronic Pain

Chapter, Zolpidem.

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical postsurgical syndrome, facet arthropathy, lumbar degenerative disc disease, and insomnia secondary to chronic pain. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that Ambien enables the patient to perform any exercise activity and perform simple household tasks including self-grooming, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date. However, given documentation of records reflecting prescriptions for Ambien since at least 12/5/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 12.5mg #30 is not medically necessary.