

<b>Case Number:</b>	CM14-0089091		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Preventive Medicine 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 41-year-old male with a 3/8/12 date of injury. At the time (2/13/14) of request for authorization for Ambien 5mg #60, there is documentation of subjective (persistent low back pain with radiation to the right lower extremity) and objective (diminished lumbar range of motion with palpable tenderness over the right side) findings, current diagnoses (low back and right lower extremity pain, and depression/anxiety due to chronic pain), and treatment to date (ongoing therapy with Ambien, Percocet and Relafen since at least 10/29/13 with increased activity level at home). There is no documentation of insomnia and short-term (two to six weeks) treatment of insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #60:** 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, Zolpidem.

**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 low back and right lower extremity pain, and depression/anxiety due to chronic pain. In addition, given documentation of increased activity level at home with Ambien, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Ambien. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien since at least 10/29/13, there is no documentation of short-term (two to six weeks) treatment of insomnia. Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #60 is not medically necessary.