

<b>Case Number:</b>	CM14-0094755		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 38-year-old male who reported an injury 01/20/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/22/2014 indicates diagnoses of chronic neck pain, status post right shoulder surgery dated 05/15/2013, chronic regional pain syndrome on the right upper extremity, chronic low back pain, EMG of the right upper extremity, and RSD of the right upper extremity after surgical repair. The injured worker reported persistent neck, right shoulder, and low back pain. The injured worker reported the right upper extremity RSD symptoms continued to bother him. The injured worker reported he did not have any positive response to the ganglion blocks that were done. The injured worker reported he was given Duragesic patches, but he was unable to tolerate them. The injured worker reported he did not like how the Duragesic patches made him feel and they just did not provide the pain relief that the Norco did. The injured worker reported he was tolerating Lyrica and Lexapro well. The injured worker reported the combination of the 2 in conjunction with the pain medication was helping calm some of the RSD symptoms of the right upper extremity. The injured worker reported he continued to walk for exercise. The injured worker reported he had significant low back pain that had developed to the point where it was affecting his ability to ambulate with a normal gait. On physical examination, the injured worker had ongoing tenderness to the cervical and lumbar paraspinal muscles with decreased range of motion in all planes. The injured worker's treatment plan included: discontinue the Duragesic patch, follow-up in 1 month, and dispense a 1 month supply of his medications. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Naproxen, Flexeril, Ambien, and Lexapro. The provider submitted a request for retro Ambien. A Request for Authorization was not submitted for review to include the date the treatment was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Ambien 10mg QHS #30 (DOS: 04/22/14): 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: 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), Pain, Zolpidem (Ambien).

**Decision rationale:** The request for RETRO: Ambien 10 mg QHS #30 (DOS: 04/22/14) is not medically necessary. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The documentation submitted did not indicate the injured worker had insomnia or any sleep disturbance. In addition, there was lack of documentation of efficacy and functional improvement with the use of Ambien. Additionally, the injured worker has been prescribed Ambien since at least 01/13/2014. This exceeds the guidelines recommendation for short term use. Therefore, the request for RETRO: Ambien 10mg QHS #30 (DOS: 04/22/14) is not medically necessary.