

<b>Case Number:</b>	CM14-0096422		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/27/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 56 year old male who sustained an injury on 09/27/02 due to a motor vehicle accident. The injured worker was followed for a long history of chronic neck and low back pain. Prior treatment included multiple medications for pain including Norco, oxycontin, gabapentin and muscle relaxers. The injured worker was referred for physical therapy. Clinical record on 05/01/14 noted the injured worker had cumulative complaints of low back pain radiating to the left lower extremity that was constant but relieved with medications. Pain score was 6-9/10. Medications at this visit included multiple narcotic medications including Norco, oxycontin, neuropathic and antidepressants. The injured worker was prescribed Ambien CR 12.5mg at night. Physical examination noted tenderness to palpation in the cervical spine with loss of range of motion. There was also tenderness in the lumbar spine with limited range of motion. No discussion of insomnia complaints were noted in the record. Follow up on 06/02/14 noted no change in complaints with pain scores continuing at 7-9/10 on the visual analog pain scale. The injured worker still indicated that medications reduced pain. The injured worker described insomnia however no insomnia index scores were provided for review. Physical examination findings remained unchanged. Medications including Ambien were refilled at this visit. The injured worker was seen again on 06/30/14 with continuing complaints of both neck and low back pain. Physical examination findings remained essentially unchanged. Ambien was continued at this visit. The requested Ambien 12.5mg #30 was denied by utilization review on 06/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 12.5 mg #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), Treatment Index, 12th Edition (Web), 2014, 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 Chapter, Zolpidem.

**Decision rationale:** The use of Ambien to address insomnia is recommended for a short term use only and no more than 6 weeks per current evidence based guidelines. Furthermore, the Food and Drug Administration (FDA) has recommended that dosing of Ambien be reduced from 12.5mg to 6.25mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, this request is not medically necessary.