

<b>Case Number:</b>	CM14-0097520		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/13/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 and is licensed to practice in 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 61 year old female clinical note dated 02/08/14 indicated the injured worker showing no signs of insomnia. However, the injured worker utilized Ambien. The injured worker complained of right hand pain and right ankle injury and injury to the right thumb manifested by triggering. The injured worker continued with complaints of right ankle and low back pain. Clinical note dated 01/02/14 indicated the injured worker prescribed Ambien, Norco and Naprosyn. Clinical note dated 03/21/14 indicated the injured worker complaining of 10/10 low back pain. The injured worker described a burning sensation in the neck. Clinical note dated 04/25/14 indicated the injured worker demonstrating range of motion deficits at the right ankle. The injured worker demonstrated 40 degrees of plantarflexion, 10 degrees of dorsiflexion, 20 degrees of inversion, and 15 degrees of eversion. Strength deficits were rated 4-5-/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg, QTY: 30, with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®)

**Decision rationale:** Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Ambien can be habit-forming and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 6 week window of use. As such, the request for Ambien 10mg is not medically necessary.