

<b>Case Number:</b>	CM14-0099634		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 66-year-old female with a February 26, 2001 date of injury. The patient injured her lower back when she was pushing a flatbed loaded with materials onto a freight elevator. According to a progress report dated May 23, 2014, the patient complained of lower backache rated as 3 on a scale of 1 to 10. She stated that her quality of sleep was good and that medications were working well. Objective findings: back pain, muscle pain, no other abnormal findings. Diagnostic impression: status-post March 11, 2003 bilateral L4-5 micro-laminoforaminotomy and bilateral microdiscectomy, multilevel lumbar spondylosis, chronic low back pain syndrome. Treatment to date includes medication management, activity modification, epidural steroid injection (ESI), and surgery. A UR decision dated June 9, 2014 modified the request to allow this fill for Ambien 10mg Qty 15 for taper. Ambien is not recommended for long-term use due to likelihood of dependence and also due to concern that it may increase pain and depression over the long term.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien (10mg, #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 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) Pain Chapter - Ambien; and the Non-MTUS FDA (Ambien).

**Decision rationale:** The California MTUS Guidelines do not address this issue. The Official Disability Guidelines and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the reports provided for review, the patient has been taking Ambien since at least January 3, 2014, if not earlier. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed the issue of proper sleep hygiene with the patient. Therefore, the request is not medically necessary.