

<b>Case Number:</b>	CM13-0028238		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Rehab, has a subspecialty in Pain 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:

The injured worker sustained an industrial injury on August 16, 2010. The worker was injured through repetitive strain. The injured worker's industrial diagnoses include chronic neck pain, cervical disc displacement, cervical disc degeneration, thoracic region sprain, anxiety, joint derangement, and sleep disturbance. The disputed issue is a request for Ambien. A utilization review determination on August 20, 2013 had noncertified this request. The rationale for this denial was that the guidelines do not support the long-term use of sleeping medications as had been carried out in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate tab 10MG #30:** 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) Chronic Pain, Sleep Medication

**Decision rationale:** Regarding the request for Zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use

(usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is no indication that Ambien is being used for short term use as recommended by guidelines. A progress note from 10/3/2014 indicates the the patient still takes Somicin and Ambien for sleep. Prior records from January 17, 2014 indicate the patient was on Ambien at that time as well. The currently requested Zolpidem (Ambien) is not medically necessary.