

<b>Case Number:</b>	CM14-0126955		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial injury on 7/13/09. The diagnoses have included cervical radiculopathy, lumbosacral radiculopathy, intractable pain, shoulder impingement, sleep disturbance, depression and anxiety. Treatment to date has included medications, activity restrictions, surgery, physical therapy, psychiatric, injections, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5/27/14, the injured worker complains of cervical and lumbar pain. The physical exam reveals gait is slightly antalgic using a cane for ambulation with reduced range of motion of the lumbar spine noted. The injured worker is also complaining of difficulty falling asleep. The physician noted that he prescribed Ambien for sleep disturbance. The current medications included OxyContin, Neurontin, Ambien, Norco, and Docuprene. There is no previous urine drug screen report noted in the records. The physician requested treatment included Ambien 5mg #30 for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #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, Mental Illness & Stress Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain- Ambien.

**Decision rationale:** The patient presents with pain affecting the upper and lower back. The current request is for Ambien 5mg #30. The treating physician states in the report dated 3/11/14, "He has had additional improvement with the current regimen of medication." (59B) The treating physician also documents that the patient takes 1 tablet at night. The ODG guidelines state, "Recommended for short-term (7-10 days) 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." In this case, the treating physician documents that the patient has been taking this medication since at least February 2014, which would exceed the recommended guideline of 7-10 days. The current request is not medically necessary.