

<b>Case Number:</b>	CM14-0192015		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/03/2007
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Internal 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 is a 54-year-old male who reported injuries due to cumulative and repetitive trauma on 01/03/2007. On 08/20/2014, his diagnoses included bilateral upper extremity, bilateral knee, ankle and low back pain, lateral meniscal tear of the left knee, diabetes and tendinopathy of the acromioclavicular joint. His complaints included bilateral knee, shoulder, elbow, wrist, hip, and low back pain. He stated that his medications helped relieve his pain for 2 to 3 hours from 8/10 to 5/10. He reported that his pain was interfering with his sleep. He was only able to sleep 3 to 4 hours at a time. His medications included Norco 10/325 mg, Relafen 750 mg, metformin and benazepril of unspecified dosages, and a trial of Ambien 10 mg for his insomnia due to pain. On 10/15/2014, he reported that the Ambien was allowing him to get 6 hours of sleep, as opposed to the 3 previously reported. A Request for Authorization dated 10/24/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ambien 10 mg # 60 dispensed:** 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) Pain, Chronic, 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, Zolpidem (Ambien®)

**Decision rationale:** The request for Ambien 10 mg #60 dispensed is not medically necessary. Per the Official Disability Guidelines, Ambien is a short acting nonbenzodiazepine hypnotic, which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so-called minor tranquilizers, are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. Since this injured worker's insomnia was linked to his pain, the pain would be more appropriately addressed with analgesic medications, rather than adding a habit forming medication to his regimen. Additionally, this injured worker has been taking Ambien for greater than 4 months, which exceeds the recommendations in the guidelines. Furthermore, the request did not include frequency of administration. Therefore, this request for Ambien 10 mg #60 dispensed is not medically necessary.