

<b>Case Number:</b>	CM14-0193981		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Rehabilitation, 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 is a 45-year-old male with an original date of injury of May 18, 2011. The industrial diagnoses include chronic low back pain, lumbar fusion, lumbar post laminectomy syndrome, and myofascial syndrome. According to a progress note from May 9, 2014, the injured worker is on Norco, Anaprox, Zanaflex, gabapentin, and also takes Ambien 10 mg at bedtime as needed. The disputed issue is a request for Ambien this request was denied in a utilization review determination on November 12, 2014. The rationale for this denial was that there was no documentation that the patient "suffers from chronic difficulty sleeping." Additionally the reviewer noted that "current guidelines do not recommend chronic use of non-benzodiazepine sedative hypnotics."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 indication that Ambien is being used for a long term than guideline recommendations. There is documentation of Ambien prescriptions dating back to May 9, 2014. Given this, the currently requested zolpidem (Ambien) is not medically necessary.