

<b>Case Number:</b>	CM14-0204035		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/17/2002
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of January 17, 2002. In a utilization review report dated November 25, 2014, the claims administrator conditionally denied/delayed a request for Norco and denied a request for Ambien outright. The claims administrator referenced an October 22, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a pain management note dated December 5, 2014, the applicant reported persistent complaints of neck pain status post earlier cervical fusion surgery. The applicant requested a trigger point injection. The applicant was described as disabled and having difficulty functioning throughout the day. The applicant's medication list included Norco, tramadol, Naprosyn, Prilosec, Cymbalta, Desyrel, Valium, Ambien, Synovacin, Protonix, and tamoxifen. It was suggested that the applicant was using Ambien on a daily basis. In an earlier note dated November 4, 2014, it was again suggested that the applicant was using both Ambien and Valium on a nightly basis. The applicant's medication list included Ambien, Valium, Synovacin, Protonix, tamoxifen, Cymbalta, Doral, Prilosec, Naprosyn, tramadol, and Norco. On October 26, 2014, the applicant was given prescriptions for Norco and Ambien. Persistent complaints of neck pain were reported. The applicant's work status was not clearly articulated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant appears to have been using Ambien on a protracted, long-term basis, for what appears to be a minimum of three months. Such usage is incompatible with the FDA label. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not furnish a compelling rationale or basis for provision of two separate sedative agents, Ambien and Valium. Therefore, the request was not medically necessary.