

<b>Case Number:</b>	CM14-0207507		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/27/1997
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab 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:

This 49 year-old patient sustained an injury on 9/27/1997 while employed by [REDACTED]. Request(s) under consideration include Ambien 10mg #30 with 2 refills. Diagnoses include brachial neuritis/radiculitis NOS; failed low back syndrome s/p fusion T12-L1; right shoulder impingement syndrome; s/p cervical fusion C5-7 on 8/5/13; chronic pain syndrome; depression; obesity; ankle pain; right wrist synovitis; and compensatory varicose veins with lymphedema. Conservative care has included medications, therapy modalities, lumbar epidural steroid injections, Toradol IM injection, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 10/31/14 from the provider noted severe persistent back, leg, and head pain with inability to sleep more than 3 hours per night. There were no changes in clinical findings or conditions for this 1997 injury. Treatment included continuing with medication. The patient remained TTD status and not working. The request(s) for Ambien 10mg #30 with 2 refills was non-certified on 11/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 2 refills:** 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien) Page(s): 877-878.

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings of specific sleep issues such as difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 1997 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg #30 with 2 refills is not medically necessary and appropriate.