

<b>Case Number:</b>	CM14-0208658		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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, has a subspecialty in Pain Management, 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 patient is a 48 year old female with date of injury 5/17/11. The treating physician report dated 10/17/14 (59) indicates that the patient presents with pain affecting the neck and upper extremities. The physical examination findings reveal tenderness in the paraspinal musculature of the cervical, thoracic, and lumbar region. The range of motion of the cervical spine is very restricted and is accompanied with spasm. Prior treatment history includes acupuncture, physical therapy, a Kenalog and Lidocaine injection, and prescribed medications. Current medications include omeprazole, hydrocodone, and Ativan. The current diagnoses are: 1. C5-6 protrusion 2. Thoracolumbar strain 3. Bilateral shoulder impingement syndrome with acromioclavicular joint 4. Bilateral tennis elbow and radial tunnel syndrome 5. Bilateral wrist strain 6. Insomnia 7. Gastrointestinal problems

The utilization review report dated 11/18/14 (4) denied the request for Unknown Prescription of Ambien 10mg based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Prescription of Ambien 10mg:** 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 and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Zolpidem.

**Decision rationale:** The patient presents with pain affecting the neck and upper extremities. The current request is for Unknown Prescription of Ambien 10mg. The requesting treating physician report was not found in the documents provided. The UR report dated 11/18/14 (5) notes that the patient used Ambien for at least over a year. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines Pain Chapter Zolpidem topic state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is allowed up to 24 weeks, but states that Ambien CR offers "no significant clinical advantage over regular release zolpidem. Ambien Cr is approved for chronic use, but chronic use of hypnotics in general is discouraged. In this case, the patient had taken Ambien for a time period that was greater than the 7 to 10 days recommended by the ODG guidelines. Furthermore, there was no quantity of Ambien specified, and without a specific amount to be dispensed to the patient the request does not satisfy ODG guidelines. Recommendation is for denial.