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| <b>Case Number:</b>   | CM14-0216275 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 07/18/2008 |
| <b>Decision Date:</b> | 02/24/2015   | <b>UR Denial Date:</b>       | 12/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2014 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 56 year old female with date of injury 7/18/08. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinal musculature, antalgic gait, decreased sensation to light touch in the bilateral L5, S1 dermatomes. Diagnoses: lumbar radiculopathy, myofascial pain, chronic pain syndrome. Treatment plan and request: ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem tab 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ambien](http://www.drugs.com/ambien)

**Decision rationale:** The current request is for Ambien, #30. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patients sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.