

<b>Case Number:</b>	CM15-0001306		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/26/2007
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Illinois

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 injured worker is a 76 year old male, who sustained an industrial injury on 1/26/2007. The mechanism of injury was not noted. The diagnoses have included sacroiliac strain/sprain, degenerative lumbar disease, and lumbar radiculopathy. Treatment to date has included conservative measures. Currently, the injured worker complains of constant low back pain, rated 7/10. Current medications were noted as Vicodin 10/300mg five times daily and Ambien CR 12.5mg two tablets daily. Medications were noted to decrease pain and help him sleep. The report did not note insomnia or the duration of medication use. Psychological pain management progress notes were noted, dating 4/23/2014 to 7/16/2014. On 12/19/2014, Utilization Review non-certified a prescription for Ambien CR 12.5mg #60 with 4 refills, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #60 x 4 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

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

**Decision rationale:** The injured worker sustained a work related injury on 1/26/2007. The medical records provided indicate the diagnosis of sacroiliac strain/sprain, degenerative lumbar disease, and lumbar radiculopathy. Treatment to date has included conservative measures. Currently, the injured worker complains of constant low back pain, rated 7/10. Current medications were noted as Vicodin 10/300mg five times daily and Ambien CR 12.5mg two tablets daily. The medical records provided for review do not indicate a medical necessity for Ambien CR 12.5mg #60 x 4 refills. Ambien is a brand name for Zolpidem. The MTUS is silent on this. The Official Disability Guidelines states as follows, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia." Therefore, the requested treatment is not medically necessary and appropriate.