

<b>Case Number:</b>	CM15-0007175		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	11/17/2004
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old female who reported an injury on 11/17/2004. The mechanism of injury was not provided. The injured worker was noted to undergo urine drug screens. Other therapies and the surgical history were not provided. The documentation of 12/10/2014 revealed the injured worker had difficulty sleeping due to chronic pain and was utilizing Ambien. The injured worker indicated her medications were helpful in reducing pain and increased her function. Medications included Cymbalta and Percocet. The physical examination revealed the injured worker had giveaway strength on the bilateral lower extremities. The injured worker had tenderness over the paraspinal, more right than left. The diagnosis included low back pain, lumbar degenerative disc disease, lumbar radiculopathy, chronic pain syndrome, coccyx, depression, and myofascial pain. The documentation indicated the injured worker was continuing with a home exercise program and was to meet with a psychologist for a psychology consult for depression due to chronic pain. The treatment plan included medications, including gabapentin 300 mg, Percocet 10/325 mg, and Ambien 12.5 mg, were refilled. The injured worker was taking Ambien for difficulty sleeping due to chronic pain. It was noted to be the only medication that allowed the injured worker to get any sleep due to her chronic pain. There was a Request for Authorization submitted for review for the requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #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 (ODG), Pain chapter, Zolpidem (Ambien)

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

**Decision rationale:** The Official Disability Guidelines indicate that zolpidem is recommended for short term use. There was documentation the injured worker could not sleep without the medication. There was a lack of documentation of an objective quantitative benefit from the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien CR 12.5 mg #30 is not medically necessary.