

<b>Case Number:</b>	CM15-0103715		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, New York, California  
 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of January 23, 2013. In a Utilization Review report dated May 6, 2015, the claims administrator partially approved a request for Ambien, apparently for weaning or tapering purposes. The claims administrator referenced an April 3, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported ongoing complaints of low back pain. Repeat epidural steroid injection therapy was endorsed. The applicant was using Relafen and Norco for pain relief. The applicant was apparently not a surgical candidate. Ambien was apparently endorsed for insomnia at this point. A 15-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On April 3, 2015, it was acknowledge that the applicant had not worked in over a year as light duty was unable. Medication selection and medication efficacy were not detailed on this date. On March 10, 2015, the applicant again reported ongoing complaints of low back, leg, and foot pain. The applicant was using Ultracet, Flexeril, and Ambien at this point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem (Ambien) 5mg #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, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

**Decision rationale:** Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request in question was framed as a renewal or extension request for Ambien and, thus, represented treatment in excess of the FDA label. The attending provider did not, however, furnish a clear or compelling rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request is not medically necessary.