

<b>Case Number:</b>	CM15-0105011		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old female, who sustained an industrial injury on April 26, 2006. She reported falling backwards, forcefully hitting her head on a metal railing with closed head trauma. The injured worker was diagnosed as having chronic post-traumatic headache, cervicgia, cervical facet arthropathy, cervical disc degeneration, and cervical disc displacement / ruptured. Treatment to date has included MRIs, cervical epidural injection, thoracic trigger point injections, physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of chronic cervicgia and headaches. The Treating Physician's report dated May 13, 2015, noted the injured worker reported her headaches were the worst component of her pain, and that with activity modification she did not develop such severe headaches. The injured worker was noted to have a mildly antalgic gait. The treatment plan was noted to include refill of Percocet and continued Ambien, urine drug screen (UDS), and continued stretching and heat as needed for symptomatic relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 6.25mg #30 with 4 refills, per 05/22/2015 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

**Decision rationale:** According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long-term use to treat sleep problems. There is no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 6.25mg #30 with 4 refills is not medically necessary.