

<b>Case Number:</b>	CM15-0108921		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	05/08/1979
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on May 8, 1979. Treatment to date has included cervical laminectomy, medications, and cervical collar. Currently, the injured worker complains of chronic neck pain and muscle spasm. Her pain radiates to her mid shoulder. The injured worker reports pain when she is looking up, pain with extension and pain with rotation to the right. She reports that her morphine sulfate extended release, Soma, and Xanax provide her with adequate results and relief. She reports being able to maintain her activities of daily living with her medications. On physical examination the injured worker has tenderness to palpation at the bilateral trap and midline cervical spine. She exhibits guarding on range of motion and her range of motion is limited. The diagnoses associated with the request include chronic neck pain, chronic pain syndrome and chronic spasticity of the major neck muscles. The treatment plan includes morphine sulfate, Soma, Xanax and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate (Ambien) 10mg #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 (Acute & Chronic), Procedure Summary, Zolpidem (Ambien), Insomnia.

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

**Decision rationale:** The patient presents with chronic neck pain rated 3-4/10 with and 7-9/10 without medications. The request is for ZOLPIDEM TARTRATE (AMBIEN) 10MG #30. The request for authorization is not provided. The patient is status-post cervical laminectomy, date unspecified. Physical examination reveals tenderness to the bilateral trap and midline cervical spine with guarding on range of motion mostly on the right side. Patient's medications include Morphine Sulfate, Soma and Xanax. The patient's work status is not provided. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." (Feinberg, 2008) Per progress report dated 02/03/15, treater's reason for the request is "to help her sleep night." The patient has been prescribed Ambien since at least 12/02/14. However, ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Ambien #30 does not indicate intended short-term use of this medication. Furthermore, per progress report dated 12/02/14, treater notes, "She is also saying Ambien is not working." Therefore, the request IS NOT medically necessary.