

<b>Case Number:</b>	CM15-0019373		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona  
 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 37-year-old male who reported an injury on 04/20/2010. The mechanism of injury was not included. His diagnoses included unspecified myalgia and myositis, thoracic, lumbosacral neuritis and radiculitis, lumbosacral spondylosis without myelopathy, and degenerative lumbar and lumbosacral intervertebral disc. His current medications included Ambien 10 mg, baclofen 10 mg, Celebrex 200 mg, Cymbalta 60 mg, Lidoderm patch 5%, Lyrica 50 mg, morphine 30 mg ER, Percocet 10/325 mg, and Zanaflex 4 mg. His diagnostic studies have included a CT scan of the lumbar spine on 03/09/2012, x-rays of the lumbar spine on 07/31/2012, MRI scan of the lumbar spine with and without contrast on 01/04/2013, CT scan of the lumbar spine without contrast on 02/28/2013, MRI scan of the lumbar spine performed on 06/27/2013, CT of the abdomen performed on 08/05/2013, and a CT scan of the lumbar spine performed on 08/05/2013. It was noted the injured worker had complaints of low back pain and left leg pain that he rated at an 8/10. The injured worker stated the pain in the legs radiated from the low back down the thigh consistent with an L5-S1 lesion. There was a positive straight leg raise on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg quantity 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.

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

**Decision rationale:** The request for Ambien 10mg quantity 30 is not medically necessary. The Official Disability Guidelines state Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. The guidelines state that Ambien is not recommended for long term use, usually of no longer than 2 to 6 weeks. The request does not contain dosing information. The request for Ambien 10mg quantity 30 is not medically necessary.