

<b>Case Number:</b>	CM15-0139748		
<b>Date Assigned:</b>	08/20/2015	<b>Date of Injury:</b>	05/22/1998
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 70 year old male who reported an industrial injury on 5-22-1998. His diagnoses, and or impression, were noted to include: failed neck and back surgeries (1999 & 2000); chronic neck pain; chronic low back pain; post-laminectomy syndrome; and lumbosacral radiculitis. No current imaging studies were noted. His treatments were noted to include: heat-ice therapy; stretching and exercise; activity restrictions; a leg brace; medication management; and rest from work as he was noted to be retired. The progress notes of 6-18-2015 reported a routine office visit stating his pain was moderate-severe without his medications, mild-moderate with his medications, and that he was not currently on a narcotic medication; that he had atrophy and had been falling due to ankle weakness, and needed a new leg brace. Objective findings were noted to include: some cervical spine tenderness with intermittent migraines and positive Spurling's; and some lumbar tenderness with restricted range-of-motion, and positive straight leg raise and Patrick's on the left. The physician's requests for treatments were noted to include the continuation of Ambien to help with tremors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #60 with 3 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, Pain (Chronic), 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) Ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.