

<b>Case Number:</b>	CM15-0144393		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 55 year old male who sustained an industrial injury on 10/13/2010. The nature of his injury is unavailable for review. Diagnoses include lumbar and cervical spine sprain and strain, bilateral extremity radiculopathy, multilevel disc protrusion, stenosis, osteoarthritis, status-post right shoulder arthroscopic surgery, rotator cuff tear repair, and headaches. A behavioral medicine consult of 02/16/15 reported that the patient presented with mood as good and relatively stable sleep. In an office visit of 06/19/2015, he reported a "flare-up" of his low back symptoms, rating pain at 8/10, radiating to the left lower extremity with numbness and tingling. He had tenderness along the lumbar spine with palpable spasms along the paravertebral muscles of the lumbar spine bilaterally. His diagnosis was low back radiculopathy. The treatment plan includes omeprazole, Norco, Ambien, Ativan and continued home exercise program. UR of 07/24/15 denied the request for Ambien 10mg #30 based on lack of documented sleep issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien tab 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 - Treatment for Workers' Compensation (ODG-TWC) Low Back Pain chapter updated Zolpidem (Ambien).

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

**Decision rationale:** Ambien is indicated for short-term use in insomnia treatment (7-10 days). The patient does not have a documented sleep disturbance or disorder in records provided for review. There is no rationale for this request for Ambien. This request is noncertified and therefore is not medically necessary.