

<b>Case Number:</b>	CM15-0162107		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/23/2006
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 50-year-old female, with a reported date of injury of 07-23-2006. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post lumbar decompression, left L4-5; rule out lumbar intradiscal component; rule out lumbar radiculopathy; cervical pain with upper extremity symptoms; left shoulder pain; multiple trigger points in the lumboparaspinal musculature; myofascial pain; left shoulder impingement and calcific tendinitis; and lateral knee pain. Treatments and evaluation to date have included home exercises, oral medications, an LSO (lumbo-sacral) brace, left L4-5 decompression, trigger point injections to the lumbar spine, ice, heat, and myofascial release. The diagnostic studies to date have included a urine drug screen on 04-28-2015 with negative findings; and electrodiagnostic studies of the bilateral lower extremities on 08-26-2014, which showed a trend toward chronic denervation in the muscles, supplied in the left side, and left L5 radicular involvement. The follow-up consultation dated 07-13-2015 indicates that the injured worker had low back pain with left lower extremity symptoms, which were rated 8 out of 10; left knee pain, rated 6 out of 10; right knee pain, rated 5 out of 10; cervical pain with left greater than right upper extremity symptoms, which were rated 6 out of 10; and right shoulder pain, rated 6 out of 10. The injured worker took hydrocodone 10mg twice a day and Ambien 10mg daily at bedtime; and she denied any side effects. The objective findings include tenderness of the lumbar and cervical spine; limited range of motion of the lumbar and cervical spines; no acute distress; tenderness of the left shoulder; limited left shoulder range of motion; and tenderness of the lumboparaspinal

musculature with multiple tender trigger points. The treatment plan included Ambien 10mg #30 daily at bedtime. The injured worker's disability status was referred to the agreed medical examination. The treating physician requested Ambien 10mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10 mg Qty 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: Pain - 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) Pain Chapter, Zolpidem (Ambien).

**Decision rationale:** The CA MTUS Guidelines is silent on Ambien. According to the ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the injured worker has been taking Ambien since at least 01-26-2015. The injured worker's use of the medication exceeds the guideline recommendations. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.