

<b>Case Number:</b>	CM15-0167539		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/12/2005
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 46-year-old female who experienced an industrial injury on March 12, 2005 which resulted in low back pain. Diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Documented treatment includes physical therapy, rest, ice, and medication for pain and sleep. The injured worker continues to present with low back muscle spasm which radiates down her right leg, and includes weakness and tingling. The treating physician's plan of care includes Ambien 1 mg. Work status is permanent and stationary with modified duty.

### 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, 1 tab by mouth at bedtime:** 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 - 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, under Zolpidem (Ambien).

**Decision rationale:** The patient presents on 08/07/15 with lower back pain rated 8/10 which radiates into the right lower extremity. The patient's date of injury is 03/12/05. Patient has no documented surgical history directed at this complaint. The request is for Ambien 10mg qty 30, 1 tab by mouth at bedtime. The RFA is dated 08/13/15. Physical examination dated 08/07/15 reveals severe pain to palpation of the thoracic spinal processes from T11 to L1, and decreased sensation noted in the L5 and S1 dermatomes bilaterally. The patient is currently prescribed Norco, Diazepam, and Ambien. Patient is currently classified as permanent and stationary, advised to return to work with modified duties. Official Disability Guidelines, Pain 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. In regard to the continuation of Ambien for this patient's insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 02/13/15. While this patient presents with significant chronic pain and associated psychiatric insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to prior use do not imply the intent to utilize this medication short-term. Therefore, the request is not medically necessary.