

<b>Case Number:</b>	CM15-0181175		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/04/2003
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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, who sustained an industrial injury on January 4, 2003. On August 4, 2015 the injured worker was evaluated for ongoing neck pain. She continued to work full time. She had completed one session of massage therapy. She reported that her current medications continued to keep her pain levels down at a reasonable level and allow her to work full time. Her current medication regimen included Norco 5-325 mg, Lidoderm patch, Ambien 5 mg, Propranolol, Prilosec 20 mg and Motrin 800 mg. The evaluating physician noted she had "no significant change" in objective findings. She had used Ambien 5 mg since at least February 17, 2015 at which time she reported that she was able to get a good 7 to 8 hours of sleep when using the medication. The injured worker was diagnosed as having neck pain radiating to both mid trapezius muscles. A request for authorization for Ambien 5 mg (Dispensed 8-4-2015) was received on August 11, 2015. On September 2, 2015, the Utilization Review physician determined Ambien 5 mg (Dispensed 8-4-2015) was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #60 dispensed 08/04/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 5 mg #60 dispensed August 4, 2015 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured workers working diagnosis is never pain radiating to both mid trapezius muscles. Date of injury is January 4, 2003. Request for authorization is August 10, 2015. According to a March 12, 2014 progress note, the treating provider prescribed Ambien. According to an August 4, 2015 progress note, subjective complaints include ongoing neck pain. The injured worker is working full-time. There is no discussion of insomnia sleep difficulties. There was an inconsistent urine drug screen for Ambien. Her medications include Norco, Ambien, Lidoderm, Prilosec and Motrin. Objectively, the documentation states no significant change. Ambien is recommended for short-term (7-10 days). The treating provider prescribed Ambien in excess of 18 months, at a minimum. There are no compelling clinical facts to support ongoing Ambien. There is no discussion of sleep difficulties or insomnia. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no compelling clinical facts to support ongoing Ambien and treatment continued in excess of the recommended guidelines for short-term (7-10 days), Ambien 5 mg #60 dispensed August 4, 2015 is not medically necessary.