

<b>Case Number:</b>	CM15-0186220		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/08/2004
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2004. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced an August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of low back and neck pain, 8-9/10. The applicant's medication list included Norco, Flexeril, Ambien, and Motrin. The attending provider prescribed Norco, Flexeril, Restoril, and Motrin on this date. On an earlier note dated August 11, 2015, the applicant again reported ongoing complaints of neck and low back pain, 8-9/10. Multiple medications were renewed, including Norco, Flexeril, Ambien, and Motrin. In one section of the note, the attending provider stated he was refilling Ambien, while in another section it was stated that the attending provider was renewing Restoril. Permanent work restrictions imposed by a medical-legal evaluator were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. No seeming discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 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 (ODG), Treatment Index, 13th Edition (web), 2015, Pain Chapter: Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration. Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days; Here, thus, the renewal request for Ambien represented treatment which ran counter to the FDA label and to ODGs Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that zolpidem or Ambien should be reserved for short-term use purposes. Here, thus, the renewal request for Ambien was at odds with both the FDA label and the ODG position on the same. Therefore, the request was not medically necessary.