

<b>Case Number:</b>	CM15-0196873		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 54 year old male, who sustained an industrial injury on 03-22-2006. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbar radiculopathy, lumbar degenerative disc disease, GERD (gastroesophageal reflux disease), and erectile dysfunction. Medical records (03-31-2015 to 08-11-2015) indicate ongoing mid scapular pain rated 6-7 out of 10 on a visual analog scale (VAS), low back pain rated 6-7 out of 10, and pain over the anterior aspect of the left thigh rated 5-6 out of 10. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-11-2015, revealed tenderness over the lumbar paraspinal musculature bilaterally. Relevant treatments have included: physical therapy (PT), acupuncture, work restrictions, and medications (Ambien since at least 03-31-2015). The request for authorization (08-19-2015) shows that the following medication was requested: Ambien 10mg tablets #30 with 3 refills. The original utilization review (09-09-2015) non-certified the request for Ambien 10mg tablets #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien tab 10mg #30 with 3 refills: 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, 12th Edition (Web), 2014, Pain.

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

**Decision rationale:** Based on the 8/19/15 progress report provided by the treating physician, this patient presents with neck pain that refers into bilateral upper extremities and low back pain that radiates into the bilateral lower extremities, with pain rated 7-8/10 without medications and 3-4/10 with medications. The treater has asked for Ambien tab 10mg #30 with 3 refills on 8/19/15. The request for authorization was not included in provided reports. The patient states that medication reduces his pain by 70%, and with it is able to drive twice as long and walk for 2 hours instead of 30 minutes per 8/19/15 report. The patient is s/p 2 unspecified lumbar surgeries, 24 physical therapy sessions with improvement but with pain returning to baseline after cessation, chiropractic treatment, and 6 acupuncture treatments in 2015 with temporary relief per 7/21/15 report. The patient is currently undergoing a home exercise program per 8/19/15 report. The patient is currently permanent and stationary and receiving treatment under future medical care per 8/19/15 report. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "Zolpidem is a prescription short-acting non-benzodiazepine 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. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 3/31/15, 6/26/15, 7/21/15, and 8/19/15. It is not known when this medication was initiated. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the patient has been prescribed Ambien for more than 8 months from UR date of 9/9/15. Furthermore, the request for quantity 30 with 3 refills is excessive, does not indicate intended short-term use, and exceeds ODG indications. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.