

<b>Case Number:</b>	CM15-0197341		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/23/2015
<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: Emergency 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:

This injured worker is a 40 year old male who reported an industrial injury on 9-20-2004. His diagnoses, and or impressions, were noted to include lumbar radiculopathy; low back pain; lumbar degenerative disc disease; and spasm of muscles. No current imaging studies were noted; magnetic imaging studies of the lumbar spine were noted in 2006, 2009 & 2012. His treatments were noted to include a quality medical examination on 8-22-2006; lumbar medial branch block (1-2009); multiple epidural steroid injections (last one on 1-23 versus 1-30-15) - very effective; medication management with toxicology studies; and modified work duties. The progress notes of 9-9-2015 reported: back pain, rated 6 out of 10 on medications, with worsening radiation of pain for which he was awaiting repeat epidural steroid injections; and of poor quality of sleep, improved with medications to 4-5 hours per night. The objective findings were noted to include: mild-moderate pain; a slowed, global, antalgic and drop-foot gait; tenderness and tight muscle bands of the bilateral lumbar para-vertebral muscles, with restricted range-of-motion, positive bilateral lumbar facet loading, and right straight leg raise test; tenderness over the sacroiliac spine; decreased right "EHL" motor strength; decreased sensation over the right lateral foot and calf; and decreased right-sided knee and ankle jerks; and that he was stable on his current medication regimen, and for the continuation of his medications which were noted to include Ambien. The physician's request for treatments was not noted to include Ambien 10 mg, 1 at bedtime as needed for sleep, #15 with 1 refill. The Utilization Review of 9-22-2015 non-certified the request for Ambien 10 mg, #15 with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #15, 1 refill:** 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.

**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), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested Ambien 10mg #15, 1 refill, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has back pain, rated 6 out of 10 on medications, with worsening radiation of pain for which he was awaiting repeat epidural steroid injections; and of poor quality of sleep, improved with medications to 4-5 hours per night. The objective findings were noted to include: mild-moderate pain; a slowed, global, antalgic and drop-foot gait; tenderness and tight muscle bands of the bilateral lumbar para-vertebral muscles, with restricted range-of-motion, positive bilateral lumbar facet loading, and right straight leg raise test; tenderness over the sacroiliac spine; decreased right "EHL" motor strength; decreased sensation over the right lateral foot and calf; and decreased right-sided knee and ankle jerks; and that he was stable on his current medication regimen, and for the continuation of his medications which were noted to include Ambien. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #15, 1 refill is not medically necessary.