

<b>Case Number:</b>	CM15-0199657		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic shoulder, knee, low back, and neck pain reportedly associated with an industrial injury of April 2, 2013. In a Utilization Review report dated October 8, 2015, the claims administrator approved requests for multidisciplinary evaluation and Norco while denying a request for Ambien. The claims administrator referenced a September 29, 2015 date of service in its determination. On September 29, 2015, the applicant had multifocal complaints of low back, shoulder, arm, knee, and hand pain with associated upper extremity paresthesias. The applicant reported pain scores from 6-7/10 range, exacerbated by reaching, bending, lying, and sitting, the treating provider reported. A functional restoration program evaluation, Norco and Ambien were all prescribed while the applicant was placed off of work, on total temporary disability. The request for Ambien and Norco were seemingly framed as a renewal request, although this was not explicitly stated as the attending provider did not seemingly document the applicant's complete medication list. On an earlier note date August 20, 2015, the applicant was again placed off of work, on total temporary disability while Norco was renewed. The applicant's complete medication list was not seemingly discussed or detailed on this date, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg qty: 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.

**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 NDA 19908 S027 FDA approved labeling 4.23.08 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. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes have 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, the request in question was framed as a renewal or extension request for Ambien on September 29, 2015 (although this was not explicitly stated). The 30-tablet supply of Ambien at issue, thus, in effect, represented treatment in excess of the FDA label and also seemingly in excess of ODG's Mental Illness and Stress Chapter Zolpidem topic, which also notes that Ambien is not recommended for long-term use purposes, but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.