

<b>Case Number:</b>	CM15-0203322		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 represented [REDACTED] who has filed a claim for chronic low back pain, anxiety, and depression reportedly associated with an industrial injury of December 7, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced a July 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported ongoing issues with anxiety disorder, panic disorder, and chronic issues with sleep disorder. Ativan was endorsed for anxiolytic effect, while Ambien was endorsed on a nightly basis for sedative effect purposes. On July 24, 2015, Prozac, Ativan, and Ambien were again renewed for issues with panic disorder, anxiety disorder, insomnia, and agoraphobia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 MG #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).

**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.

**Decision rationale:** No, the request for Ambien, a sedative agent, 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 has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated for short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien was at odds with both FDA label and with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise 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.