

<b>Case Number:</b>	CM15-0205810		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/10/1982
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Hawaii

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 64-year-old male, with a reported date of injury of 01-10-1982. The diagnoses include bilateral cervical and lumbar facet arthropathy, bilateral sacroiliac joint arthropathy, lumbar and cervical spondylosis and inflammatory radiculopathy, bilateral piriformis myopathy, myofascial pain syndrome, chronic low back pain, status post T9-L5 fusion, kyphotic deformity with failed hardware, and T4-pelvis posterior spinal fusion and L3 osteotomy. The medical report dated 09-03-2015 indicates that the injured worker had moderate low back pain, which was rated 5-6 out of 10 (08-05-2015 and 09-03-2015). The pain was associated with shooting, burning, and prickling, and radiating sensation with numbness and tingling in both legs in the bilateral L1 and L5 dermatomes. The injured worker stated that she had fallen in the shower a week prior. The objective findings include decreased sensation to light touch and joint position sense and pinprick in the bilateral C5 and L5 dermatomes; tenderness of the bilateral C5-T2 and L1-L5 spinous and paraspinous; tenderness of the bilateral sacroiliac joints; tenderness of bilateral L4-S1 facet joints; positive facet load test C5-T2 and L4- S1 facets; positive FABER's test; positive bilateral straight leg raise test; positive axial load test; positive multiple myofascial trigger points; and joint tenderness in the selected small and large joints. The injured worker's work status was not indicated. The diagnostic studies to date have included an x-ray of the thoracic spine on 02-02-2015, which showed diffuse osteopenia and multilevel intervertebral disc space narrowing within the lumbar spine; an x-ray of the lumbar spine on 02-02-2015, which showed diffuse osteopenia and multilevel intervertebral disc space narrowing within the lumbar spine. Treatments and evaluation to date have included

Norco, Amitriptyline, Ambien (since at least 12-2014), Tramadol, Neurontin, lumbar spine injections, and physical therapy to the low back. The treating physician requested Ambien 10mg #30. On 09-17-2015, Utilization Review (UR) non-certified the request for Ambien 10mg #30.

### **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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (chronic) chapter, Zolpidem (Ambien).

**Decision rationale:** The medical records indicate the patient has ongoing low back pain, which travels into both legs with numbness and tingling. The current request for consideration is Ambien 10mg #30. The CA MTUS does not address the use of Ambien. The ODG was consulted and had this to say regarding the use of Zolpidem (Ambien): 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. In this case, the records indicate the patient has been taking Ambien since at least 12/2014. The most relevant report dated 9/3/15 does not mention that the patient is suffering from insomnia and there is no diagnoses to include insomnia. According to the guidelines, Ambien is recommended for short-term (7-10 days) for the treatment of insomnia. In light of the fact that the patient has been taking Ambien for an extended period of time and the records fail to discuss insomnia, the records do not establish medical necessity. The current request is not medically necessary.