

<b>Case Number:</b>	CM15-0020384		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	04/04/1997
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 56 year old male sustained an industrial injury on 4/4/97, with subsequent ongoing back, neck and left shoulder pain. No recent magnetic resonance imaging was available for review. In a PR-2 dated 1/26/15, the injured worker reported that his pain was unchanged from previous visits with cervical spine, lumbar spine and left shoulder pain 5/10 on the visual analog scale with medications. The injured worker reported currently trying no other therapies for pain relief. Physical exam was remarkable for normal gait, cervical spine with limited and painful range of motion, lumbar spine with restricted range of motion, paravertebral muscles with spasms and tenderness to palpation, a tight muscle band to both sides of the lumbar spine, tenderness to palpation to the trapezius, motor strength 5/5 throughout and decreased sensation to pin prick over the lateral foot, calf and thigh. Current diagnoses included post cervical laminectomy syndrome, lumbar spine degenerative disc disease, low back pain, shoulder pain and cervical pain. The physician noted that the injured worker remained stable on current medication regimen. The treatment plan included continuing medications (Percocet, Oxycodone, Remeron, Senna, Osteo Bi-flex, Lidoderm patch, Metamucil, Capsaicin, Cymbalta, Naprosyn, Ambien, Magnesium Malate and Metoprolol). On 1/6/15, Utilization Review noncertified a request for Ambien 10mg #10 and Ambien CR 12.5mg #20 citing ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #10:** 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 (Chronic), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved package insert

**Decision rationale:** First, Ambien is not FDA approved for long term use as is noted for this patient. Second, the Ambien 10 mg is being prescribed in a patient who is also being prescribed another CR Ambien of 12.5 mg. The recent changed FDA approved package insert for Ambien noted that taking CR Ambien, even without the regular Ambien as prescribed for this patient, is associated with decreased driving safety as the drug levels persist. Thus lowering doses have been recommended. The Ambien 10 mg and Ambien CR 12.5 mg is not consistent with the FDA approved indications and is not medically necessary for this patient.

**Ambien CR 12.5mg #20:** 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 (Chronic), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved package insert

**Decision rationale:** First, Ambien is not FDA approved for long term use as is noted for this patient. Second, the Ambien CR12.5 mg is being prescribed in a patient who is also being prescribed Ambien of 10 mg. The recent changed FDA approved package insert for Ambien noted that taking CR Ambien, even without the regular Ambien as prescribed for this patient, is associated with decreased driving safety as the drug levels persist. Thus lowering doses have been recommended. The Ambien 10 mg and Ambien CR 12.5 mg is not consistent with the FDA approved indications and is not medically necessary for this patient.