

<b>Case Number:</b>	CM15-0023132		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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 hip pain, chronic low back pain, and legs paraplegia reportedly associated with an industrial injury of September 5, 1986. In a utilization review report dated January 23, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a January 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated August 4, 2014, it was suggested that the applicant was not working and had, furthermore, been deemed permanently disabled. On February 26, 2015, the applicant was described as having developed a systemic foot infection. The applicant was apparently using systemic antibiotics to ameliorate the same. Norco was incidentally refilled, without any explicit discussion of medication efficacy. On February 11, 2015, the applicant was described as wheelchair bound. The applicant was given a prescription for clindamycin for a reported foot infection. No discussion of medication efficacy transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation FDA Label: INDICATIONS AND USAGE.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, 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 usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration, however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, all evidence on file points that the applicant is using Ambien for chronic, long-term, and/or scheduled use purposes, for sedative effect. The attending provider did not furnish any clear or compelling applicant-specific rationale or medical evidence which would support the non-FDA usage of Ambien seemingly proposed here. Therefore, the request was not medically necessary.