

<b>Case Number:</b>	CM15-0219901		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	01/07/2002
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 65 year old male, who sustained an industrial injury on 1-7-02. The injured worker was being treated for lumbosacral spondylosis without myelopathy, pain in joint involving lower leg, thoracic or lumbosacral neuritis or radiculitis and back pain. On 8-31-15, the injured worker complains of low back pain which has improved and not as intense as prior to lumbar epidural steroid injection. Physical exam performed on 8-31-15 revealed normal gait and no unusual anxiety or evidence of depression. Treatment to date has included lumbar epidural steroid injection (with 60% improvement in pain), oral medications including Ambien 12.5mg (since at least 4-22-15 without indication of insomnia or difficulty sleeping), Omeprazole; topical Fentanyl, topical Lidoderm patch; and activity modifications. The treatment plan included continuation of medications. On 9-8-15 request for authorization was submitted for Ambien 10mg #45. On 11-2-15 request for Ambien 10mg #45 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg #45:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (insomnia).

**Decision rationale:** CA MTUS does not specifically address the use of Ambien. ODG states Ambien is indicated for the treatment of acute insomnia, typically for a period of 7-10 days. Ambien is a short-acting non-benzodiazepine hypnotic approved for short-term use. It can be habit forming and may impair function and memory. Chronic use is associated with the development of tolerance and side effects. This patient has been taking Ambien since April, 2015. The dosage should be reduced in the elderly (greater than 65 years). In this case, there is no clear documentation of insomnia, sleep disturbance or documentation of sleep hygiene. In addition, the patient is over 65 years. Therefore the request for Ambien 10 mg #45 is not medically necessary or appropriate.