

<b>Case Number:</b>	CM15-0043466		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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

Certification(s)/Specialty: Internal 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 injured worker is a 54-year-old male who sustained an industrial injury on 09/26/2006. The mechanisms of injury or complaints at the time of the injury are not documented in the submitted records. He presents on 01/15/2015 complaining with constant neck pain. The injured worker describes pain in bilateral arms, right leg, neck, bilateral shoulders and right hip. He reports it takes 1-2 hours for him to go to sleep and awakens on average of 4 times per night. He states he does not sleep during the day. He presents on 02/09/2015 with complaints of the same type of pain. Treatment to date includes surgery at cervical 4-5 and cervical 5-6 and medications. Diagnoses include chronic pain syndrome, Cervicalgia, Cervicobrachial syndrome, post laminectomy syndrome cervical region, depression, anxiety disorder and chronic insomnia. The provider is requesting authorization for Ambien 12.5 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tabs of Ambien CR 12.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 (Chronic) Zolpidem (Ambien).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) indicates that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate the long-term use of Zolpidem (Ambien). ODG guidelines indicates that Zolpidem (Ambien) should be used for only a short period of time. The long-term use of Zolpidem (Ambien) is not supported by ODG guidelines. Therefore, the request for Ambien CR 12.5 mg is not medically necessary.