

<b>Case Number:</b>	CM15-0046904		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: 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 68-year-old female, with an industrial injury dated 9/20/2004. She reported placing a bag of groceries in a car and turning and feeling back pain. Her diagnoses include lumbago and lumbar facet syndrome. There is no recent magnetic resonance imaging provided for review. The injured worker has been treated with total knee replacement (2012), physical therapy and medication management. In a progress note dated 2/26/2015, the treating physician reports persistent low back pain, bilateral knee pain and insomnia and is requesting pain and sleep medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Ambien 10mg #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), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, topic Zolpidem -Ambien.

**Decision rationale:** The patient presents on 02/26/15 with lower back pain rated 3/10 with medications, 9/10 without medications, and poor quality of sleep secondary to pain. The patient's date of injury is 09/20/04. Patient is status post right knee total joint replacement in 2012. The request is for PHARMACY PURCHASE AMBIEN 10MG #30. The RFA is dated 03/05/15. Physical examination dated 02/26/15 reveals limited and painful range of motion of the lumbar spine, tenderness to palpation to the bilateral lumbar paraspinal muscles with spasm noted, and positive lumbar facet loading bilaterally at unspecified levels. Knee examination reveals well-healed vertical surgical scar, reduced range of motion, and mild effusion of the joint. The patient is currently prescribed Norco, Zanaflex, and Ambien. Diagnostic imaging was not included, though progress note dated 02/26/15 summarizes lumbar MRI dated 11/11/11, significant findings include: "L4/L5 4-5mm diffuse disc bulge... mild to moderate right and mild left neural foraminal stenosis... L5/S1: Diffuse disc bulge with posterocentral/right paracentral disc extrusion and 7mm craniocaudal dissection... moderate right and mild to moderate left neural foraminal stenosis..." Patient is currently classified as permanent and stationary and is not working. MTUS does not discuss insomnia or use of Ambien, so ODG guidelines were consulted. ODG Pain Chapter, topic Zolpidem Ambien states: "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 regard to the request for continuation Ambien, treater has exceeded the recommended duration of therapy. This patient has been taking Ambien since at least 05/29/14 with documented sleep improvements. However, ODG does not support long-term use of Ambien over 10 days; Therefore, the request IS NOT medically necessary.