

<b>Case Number:</b>	CM15-0054408		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Arizona, California

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 68 year old female, who sustained an industrial injury on 10/28/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar facet hypertrophy, degenerative disc disease of the lumbar spine with radiculopathy, right hip arthralgia, mechanical low back pain, and status post right hip scope. Treatment to date has included physical therapy, use of ice, use of heat, epidural injection, medication regimen, laboratory studies, and computed tomography of the lumbar spine. In a progress note dated 02/05/2015 the treating provider reports complaints of constant low back pain that radiates to the right hip with sharp pain and stabbing sensations. The injured worker rates the pain as a seven to eight out of ten on the pain scale. The treating physician requested the medication Ambien 5mg with a quantity of 30 with the treating physician noting that the injured worker's medication regimen alleviates the pain by 60% and enables her to perform more activities after taking her medications, but the documentation provided did not indicate the specific reason for the request of Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien Tab 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74, 78-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: facet medial branch block; Pain Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia - pg 64.

**Decision rationale:** Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. There was no indication of failure of behavioral and life style patterns to improve sleep. The claimant had been on Ambien for several months and long-term use increased morbidity. Continued use of Ambien is not medically necessary.