

<b>Case Number:</b>	CM15-0056129		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 56-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of April 12, 2010. In a Utilization Review report dated March 2, 2015, the claims administrator partially approved a request for zolpidem (Ambien), apparently for weaning purposes. A progress note of February 18, 2015 and RFA form of February 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said February 19, 2015, permanent work restrictions imposed by a medical-legal evaluator were renewed, along with prescriptions for tramadol, Ambien, and Prilosec. The applicant had undergone earlier failed lumbar spine surgery, the treating provider acknowledged. The applicant developed derivative complaints of depression, it was further noted. On January 20, 2015, Ambien and tramadol were again renewed owing to chronic low back pain complaints and derivative issues with depression, anxiety, and insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #20 with 3 refills:** 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:** 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 U.S. Food and Drug Administration.

**Decision rationale:** No, the request for zolpidem (Ambien), a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider employing 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 (FDA) notes, in this case, that Ambien or zolpidem is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the renewal request for Ambien does seemingly represent treatment in excess of the FDA label as the applicant had been using Ambien for a minimum of several months prior to the date of the renewal in question, February 19, 2015. The attending provider failed to furnish a clear or compelling applicant-specific rationale or medical evidence, which would support continued usage of Ambien in the face of the unfavorable FDA position on such usage. Therefore, the request was not medically necessary.