

<b>Case Number:</b>	CM15-0060557		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 was a 57 year old male, who sustained an industrial injury, October 19, 2000. The injured worker previously received the following treatments: Celebrex, Percocet, Quaalun, Ambien Flexeril, physical therapy and home exercise program. The injured worker was diagnosed with low back pain, degeneration of cervical intervertebral disc, inguinal pain, lumbosacral radiculopathy, meralgia paresthetica, enthesopathy of the hip region and lumbar post laminectomy syndrome. According to progress note of February 25, 2015, the injured workers chief complaint was persistent let groin pain, history of left inguinal hernia repair and low back pain with left radicular pain. The injured worker had no trouble sleeping while taking Ambien. The physical exam noted an antalgic gait. The injured worker displayed expected pain behaviors during the visit. The left groin pain was being managed with medications and home exercise program. The medications ordered help manage the injured workers pain and allows functioning and progression with therapies. The treatment plan included a prescription for Ambien CR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR #30 refills: 1:** 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), Pain Chapter, 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 (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** The patient presents with persistent left groin pain, history of left inguinal hernia repair and low back pain with left radicular pain. The request is for AMBIEN CR #30 REFILLS:1. There is no RFA provided and the patient's date of injury is 10/19/00. The patient was diagnosed with low back pain, degeneration of cervical intervertebral disc, inguinal pain, lumbosacral radiculopathy, meralgia paresthetica, enthesopathy of the hip region and lumbar post laminectomy syndrome. Per 02/25/15 report, "Medications help bring the patient's pain down from a 7/10 to a 2/10 on VAS, he reports no side effects and doesn't present with aberrant behavior." Current medications include Ambien, Celebrex, Percocet and Quaaluan. The patient is permanently disabled. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine 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. (Feinberg, 2008)" Per 02/25/15 report, treater states, "Ambien helps 100% with insomnia and gives him 6 hours of sleep. Has good sleep habits/schedule. Without Ambien, he has been sleeping very poorly with increased pain due to lack of sleep." Ambien was prescribed to the patient at least since 09/03/14, per provided medical reports. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Furthermore, the request for an additional quantity 30 with a refill does not indicate intended short-term use of this medication. The request is not in line with guideline indications. Therefore, the request IS NOT medically necessary.