

<b>Case Number:</b>	CM15-0084297		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 8/8/00. The injured worker was diagnosed as having cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome and status post left carpal tunnel surgery. Treatment to date has included oral medications including opioids and activity restrictions. The injured worker states Norco did not help her pain. Currently, the injured worker complains of pain in right/left lower extremities, hips, knees, ankles and feet and neck, thoracic, lumbar spine and right/left wrists/hands. She reported the numbness in legs, hip, upper back and lower back was new following a fall on 2/9/15. She states she does not want surgery. Physical exam noted diminished sensation over right mid-anterior thigh, right mid-lateral calf and right lateral ankle. A request for authorization was submitted for Percocet, Ambien, Soma and Biofreeze.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 times 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Zolpidem.

**Decision rationale:** Ambien is the medication Zolpidem. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of Zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when Zolpidem IR was discontinued and maintenance CBT continued. Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case, the patient has been taking Ambien since at least January 2010. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.