

<b>Case Number:</b>	CM14-0118336		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old male with a 12/21/09 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/4/14, the patient reported continued significant lower back pain radiating into the lower extremities. The patient is status post lumbar arthrodesis with subsequent hardware removal. Objective findings: spasm, tenderness and guarding noted in the paravertebral musculature of the lumbar spine with decreased range of motion, significantly antalgic gait. Diagnostic impression: lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis of lumbar region without neurogenic claudication. Treatment to date: medication management, activity modification, ESI, surgery. A UR decision dated 6/24/14 denied the request for Ambien. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #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

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

Ambien, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, it is unclear how long this patient has been taking Ambien. There is no documentation of Ambien use in the reports provided for review. In addition, there is no documentation that the patient suffers from insomnia or other sleep difficulties. Furthermore, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 5mg #30 was not medically necessary.