

<b>Case Number:</b>	CM14-0136123		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/17/1992
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 70-year-old female with a 4/17/92 date of injury. At the time (8/5/14) of request for authorization for Ambien 10 mg tablet, 1 tablet, by mouth, at bed time, 90 days for the management of symptoms related to lumbar spine surgery, there is documentation of subjective (chronic low back pain, stress, anxiety, and depression) and objective (tenderness to palpation over the lumbar spine facet joints with decreased range of motion) findings, current diagnoses (lumbago), and treatment to date (ongoing therapy with Ambien since at least 2/24/14 with decreased pain levels). There is no documentation of insomnia, short-term (two to six weeks) treatment of insomnia, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg tablet, 1 tablet, by mouth, at bed time, 90 days for the management of symptoms related to lumbar spine surgery: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

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

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbago. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien since at least 2/24/14, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, despite documentation of decreased pain levels with Ambien, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 mg tablet, 1 tablet, by mouth, at bed time, 90 days for the management of symptoms related to lumbar spine surgery is not medically necessary.