

<b>Case Number:</b>	CM14-0138353		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Nephrology, has a subspecialty in Internal Medicine 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:

The injured worker is a 59-year-old male with a 3/10/11 date of injury, when he fell off of the ladder and sustained injuries to the left shoulder and ribs. The patient was seen on 7/24/14 with complaints of 8/10 ongoing pain in the neck, left shoulder, left elbow, left rib cage and lower back. Exam findings revealed blood pressure of 126/78, pulse 82 and respirations 12. The diagnosis is chronic pain, thoracic/lumbar sprain. Treatment to date includes medications. An adverse determination was received on 8/15/14 given that the patient had been prescribed Ambien since at least June 2014, which exceeded the short-term duration recommended by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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 (ODG) Zolpidem, Insomnia Treatment

**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 X FDA (Ambien)

**Decision rationale:** CA MTUS does not address Ambien. ODG and the FDA state that Ambien (zolpidem tartrate) 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. The progress notes indicated that the patient was taking Ambien at least from 06/14. However, there is a lack of documentation indicating subjective and objective gains from the treatment. There is no discussion with regards to the patient's sleep hygiene or improvement in his sleep with Ambien use. In addition, there is no rationale with regards to the necessity for Ambien and the progress notes did not indicate that the patient suffered from insomnia. Therefore, the request for Ambien 10mg #30 was not medically necessary.