

<b>Case Number:</b>	CM14-0145005		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/06/1994
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 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 61-year-old male with a 4/6/94 date of injury. At the time (8/22/14) of request for authorization for Ambien 5mg #30 DOS: 8/22/14, there is documentation of subjective (neck and low back pain) and objective (tenderness over the lumbar paraspinal muscles with spasm and decreased range of motion with pain) findings, current diagnoses (three-level lumbar discogenic pain and chronic neck pain), and treatment to date (medications (including ongoing treatment with Ambien since at least 2/19/14)). Medical report identifies that medications allow the patient to carry out activities of daily living. In addition, medical report identifies that the patient is having difficulty sleeping. There is no documentation of short-term (less than two to six weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #30 DOS: 8/22/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 nonbenzodiazepine 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 diagnoses of three-level lumbar discogenic pain and chronic neck pain. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that Ambien allows the patient to carry out activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date. However, there is documentation that the patient is having difficulty sleeping. However, given documentation of records reflecting prescriptions for Ambien since at least 2/19/14, there is no documentation of short-term (less than two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Ambien 5 mg #30 DOS: 8/22/14 is not medically necessary.