

<b>Case Number:</b>	CM14-0149945		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 52 years old male with an injury date on 05/03/2010. Based on the 08/07/2014 progress report provided by [REDACTED], the diagnosis is: 1. L spine. According to this report, the patient complains of "pain and it is beginning to really affect him and cause depression." The 01/10/2013 indicate the patient is "having some difficulty sleeping at night." Physical exam were noted include in the reports provided. There were no other significant findings noted on this report. The utilization review denied the request on 09/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/2013 to 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN: QUANTITY AND STRENGTH NOT SPECIFIED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline have the following regarding Ambien for insomnia: Zolpidem (Ambien generic available).

**Decision rationale:** According to the 08/07/2014 report by [REDACTED] this patient presents with pain causing depression. The treater is requesting Ambien: quantity and strength not specified. Ambien was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia; however, the treater does not mention the prescription dosing. Without knowing the prescription dosing, one cannot make the appropriate recommendation. Recommendation is for denial.