

<b>Case Number:</b>	CM14-0152068		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Pain Management, 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-year-old female with a date of injury of 04/28/2006. The listed diagnoses per [REDACTED] are: 1. Sprain and strain of lumbar region. 2. Thoracic or lumbosacral neuritis or radiculitis. 3. Pain in joint of lower leg. 4. Skin sensation disturbance. According to progress report, 09/02/2014, the patient presents with low back and bilateral knee pain. The treating physician states with current medications, the patient's pain symptoms are adequately managed. Her sleep quality is "normal." The patient's medication regimen includes cyclobenzaprine 10 mg, Gabapentin 600 mg, Nucynta ER 100 mg, Medrox ointment, and zolpidem 10 mg. Examination of the lumbar spine revealed decreased range of motion with pain. On palpation of paravertebral muscles, tenderness is noted on both sides. Examination of the bilateral knee revealed decreased range of motion and tenderness to palpation over the lateral joint line and patella. The patient was administered a urine toxicology which was inconsistent with the medications prescribed. Request for authorization from 09/02/2014 requests refill of medications. Utilization Review denied the request on 09/09/2014. Treatment reports from 02/27/2014 to 09/02/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg, thirty count:** 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), Drug Formulary Section, and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treating physician is requesting a refill of Zolpidem 5 mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines under its pain chapter states that Zolpidem (Ambien) is indicated for short term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The records indicate that the patient has been prescribed this medication since 06/16/2014. In this case, ODG Guidelines do not recommend long term use of this medication. Moreover, the treating physician in his 09/02/2014 report states that the patient's quality of sleep is "normal." Given such, the request is not medically necessary and appropriate.