

<b>Case Number:</b>	CM14-0154642		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/20/2002
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 family Medicine, and is licensed to practice in New Jersey. 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 worker is a 64 year old female who was injured on 7/20/2002 after falling. She was diagnosed with chronic lumbosacral spinal pain. She was treated with sacroiliac joint injections and medications (including Ambien). On 7/31/14, the worker was seen by her primary treating physician complaining of her continuing low back pain and stiffness. She also reported having upper back pain, bilateral hip, right elbow, and right knee pain, all collectively causing pain rated at a 10/10 on the pain scale. She reported using Ambien (no specific reason described in the notes). She was recommended to continue her then current medications as previously prescribed, including Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg, QTY: 90, 3 month supply, with 3 refills:** 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): Pain Chapter, Zolpidem (Ambien)

**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 section, sedative hypnotics, AND Pain section Ambien AND insomnia treatment

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, the need for continued use of Ambien was not elaborated in the notes available for review, nor was there any report seen describing how effective it was for her presumed insomnia. However, due to this type of medication not being recommended for chronic use, it is not medically necessary. Other sleep aids may be considered.