

<b>Case Number:</b>	CM14-0161714		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/30/2008
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sleep aids; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for Ambien. In a Medical-legal Evaluation dated June 19, 2014, the applicant was described as using a variety of psychotropic medications, including Wellbutrin, Buspar, and Ambien. The applicant had had two sessions of psychotherapy, it was acknowledged. It was suggested that the applicant was working full time in a different capacity. It was noted that the applicant did have a history of prior alcohol use. The applicant denied presently using alcohol, however. The applicant was described as having issues with adjustment disorder, mixed anxiety disorder, and depressed mood with associated Global Assessment of Functioning (GAF) 66. In a September 11, 2014 Medical-legal Evaluation, the claims administrator stated that it was basing its decision on a September 4, 2014 RFA form and associated clinic note of July 9, 2014. These notes and/or associated RFA form were not, however, incorporated into the IMR packet. In an April 10, 2014 progress note, the applicant was asked to continue tramadol, Flector, and cyclobenzaprine. The applicant was asked to pursue spinal cord stimulator reprogramming.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg, QTY: 30 with 2 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, Ambien (Zolpidem)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ambien Label - Food and Drug Administration [www.accessdata.fda.gov/drugsatfda.../labe...](http://www.accessdata.fda.gov/drugsatfda.../labe...)

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated for the short-term treatment of insomnia, for up to 35 days. In this case, the 30-tablet two-refill supply of Ambien does imply chronic, long-term, and scheduled usage of the same, which runs counter to the FDA label. The attending provider has seemingly failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long-term usage of Ambien, although it is acknowledged that the RFA form and associated progress note in which the article at issue was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.