

<b>Case Number:</b>	CM14-0180543		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 and low back pain reportedly associated with an industrial injury of January 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and earlier shoulder surgery. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve a request for Ambien. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated August 11, 2014, it was noted that the applicant was status post earlier shoulder surgery on March 14, 2014 but that the applicant's case and care have been complicated by a variety of non-industrial issues, including pneumonia. The medical-legal evaluator opined that the applicant was totally temporarily disabled. The applicant's medication list was not clearly stated, although it was noted that the applicant had used a variety of medications over the course of the claim, including Prilosec, Norco, Ativan, Percocet, and Motrin. The applicant was also apparently using Tenormin for hypertension. In an April 1, 2013 medical-legal evaluation, it was noted that the applicant developed a variety of depressive symptoms in addition to ongoing complaints of shoulder and low back pain. The applicant had been terminated by his former employer, it was noted, and had not taken up work elsewhere. The remainder of the file was surveyed. Almost all the information comprised of historical medical legal reports. The September 29, 2014 request for authorization (RFA) form and associated progress notes of September 3, 2014 and September 8, 2014 made available to the claims administrator were not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg # 60, no 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 (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication

**Decision rationale:** While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The 60-tablet supply of Ambien being sought here, however, in and of itself, represents treatment in excess of the 35-day short-term treatment role for Ambien endorsed by the Food and Drug Administration (FDA). It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of "other medications" into his choice of pharmacotherapy. Here, however, the attending provider has not clearly stated why the applicant needs to use two separate sedative medications, Ambien and Ativan. While it is acknowledged that the September 29, 2014 request for authorization (RFA) form and associated progress notes on which the request in question was initiated were 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.