

<b>Case Number:</b>	CM14-0192602		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	08/31/1994
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 72 year old male with a work injury dated 8/31/94. The diagnoses include lumbago, postlaminectomy syndrome; chronic pain syndrome; lumbosacral and thoracic radiculitis; depressive disorder; long term drug therapy. Under consideration are requests for Ambien 10mg 1qhs #30. There is an 11/5/14 progress note that states that the patient injured his low back in 1994 when he was struck by a fork-lift truck. He has chronic low back pain with bilateral lower extremity radiculopathy. He has had 3 lumbar spine surgeries. He has an intrathecal infusion pump. He reports that his pain has increased and his mobility has decreased since stopping oral morphine. He continues to not manage his pain well and has request a trial of oral methadone. He states that Ambien has helped him obtain 7-8 hours of sleep a night where he was before he was sleeping 1-2 hours. The patient states that he had a recent fall on 09/01/14, his feet were numb, appears radicular pain and neuropathy in his legs and feet are related to his Industrial Injury and 3 failed back surgeries. There is pain in his right hip and weakness, trouble lifting leg high enough when walking. Computed tomography (CT) of the right hip showed fractured anterior acetabulum, fracture of the inferior and superior pubic rami. status post transfemoral screw with intramedullary rod. The treatment plan includes request refills of his medications which include Methadone, Ambien, Lexapro, Morphine sulfate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg 1q hs #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web version Pain: 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) Pain (Chronic)- Zolpidem (Ambien®)

**Decision rationale:** Ambien 10mg 1q hs #30 is not medically necessary per the Official Disability Guidelines (ODG) guidelines. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not address insomnia or Ambien. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has been on Ambien longer than the recommended 2 to 6 week short term period. The ODG does not recommend this medication long term. There are no extenuating factors that would necessitate continuing this medication. The request for Ambien 10mg 1 qhs #30 is not medically necessary.