

<b>Case Number:</b>	CM14-0210444		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/07/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 71 year-old male with date of injury 08/07/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/18/2014, lists subjective complaints as buttock pain and right shoulder pain. Patient is status post left carpal tunnel release surgery on 09/18/2014. Objective findings: Examination of the lumbar spine revealed moderate to severe tenderness across the lumbosacral vertebra. Increased provocation of low back pain with extension maneuvers. Decreased range of motion in all directions. Diagnosis: 1. Carpal tunnel syndrome 2. Facet syndrome, lumbar 3. Myofascial pain syndrome 4. Pain in knee, bilateral. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medication: 1. Ambien 10mg, #15 SIG: one qhs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10MG #15 to allow for weaning t off over the next two months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Workers Compensation TWC, Pain Chapter

**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:** Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. According to the Council for Information on Tranquilizers, Antidepressants and Painkillers (CITAP), Ambien (zolpidem) is simply a benzodiazepine by another name. Ambien, at high doses acts similarly in the brain - and the withdrawal management, tapering and treatment recommendations for Ambien addiction and benzodiazepine addiction are essentially the same. Weaning from Ambien is advised, particularly in the elderly. I am reversing the previous utilization review decision. Ambien 10MG #15 to allow for weaning off over the next two months is medically necessary.