

<b>Case Number:</b>	CM15-0010773		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 injured worker (IW) is a 42-year-old female who sustained an industrial injury on 03/01/2013. Diagnoses include lumbar sprain. Treatment to date has included medications and physical therapy. Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 11/19/14, the Injured Worker reported lumbar pain. There were no complaints of insomnia documented; it appeared from the records reviewed that the Injured Worker was taking Ambien before the industrial injury occurred. A request was made for Ambien 5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Zolpidem.

**Decision rationale:** The 42 year old patient presents with cervical sprain, lumbar sprain, bilateral shoulder pain, severe central stenosis at C5-6, and constipation, as per progress report dated 11/19/14. The request is for Ambien 5 mg # 30. There is no RFA for this case, and the patient's date of injury is 03/01/13. Medications included Fenoprofen, Cyclobenzaprine, Docuprene, Ambien, Zantac, and Norco. The patient has been allowed to return to modified work, as per the same progress report. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "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. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, a prescription for Ambien is first noted in progress report dated 06/18/14, and the patient has been taking the medication consistently at least since then. The treating physician, however, does not document its efficacy. Additionally, ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. The current request for # 30 exceeds that recommendation and is not medically necessary.