

<b>Case Number:</b>	CM15-0018185		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/14/1996
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 11/14/1996. She reports back pain. Diagnoses include depression, fibromyalgia, lumbar disc disease, post laminectomy syndrome, chronic pain and psychogenic pain disease. Treatments to date include physical therapy, back surgery and medication management. A progress note from the treating provider dated 1/5/2015 indicated the injured worker reported low back pain. On 1/28/2015, Utilization Review non-certified the request for Ambien CR 12.5-#30 with 1 refill, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg tablet, #30 with 1 refill:** 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), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Ambien

**Decision rationale:** Per Official Disability Guidelines, Ambien is approved for short term use for treatment of insomnia, usually for 2-6 weeks, and only after a careful evaluation of potential causes of sleep disturbance. In this case, clinical documentation failed to describe attempts to treat insomnia with conservative sleep care, failed to show documentation of a psychological assessment for mental health aspects of sleep dysfunction, and failed to provide efficacy of the requested medication. In addition there is no indication that Ambien is being used for short term use as recommended by the guidelines. Thus the request for Ambien 12.5mg #30 with one refill is not medically necessary and appropriate.