

<b>Case Number:</b>	CM15-0123539		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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

Certification(s)/Specialty: Pediatrics, Internal 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 37 year old male, who sustained an industrial injury on 3/6/06. He reported a sharp pain in his low back while stacking totes weighing over 50 pounds. The injured worker was diagnosed as having lumbar spine fusion, non-union. Treatment to date has included physical therapy, oral medications including Norco, Soma, Colace and Ambien; aqua therapy, acupuncture, activity restrictions and lumbar fusion (2010). (MRI) magnetic resonance imaging and (CT) computerized tomography scan of lumbar spine along with (EMG) Electromyogram and (NCV) Nerve Condition Velocity studies have been performed. Currently, the injured worker complains of mid back spasm rated 8/10 and low back spasm rated 10/10 from mid back to tailbone without leg pain. He is currently totally disabled. Physical exam on 3/18/15 noted a normal gait, sciatic tenderness and tenderness at lumbosacral and sacroiliac joints bilaterally with diminished sensation of right leg. The treatment plan included continuation of medications, one-month rental of H-wave unit, (CT) computerized tomography scan of lumbar spine and blood test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 12.5mg, #30:** 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: Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** CA MTUS guidelines are silent on Ambien; therefore ODG was referenced. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the patient has chronic mid and low back pain with spasms. The injured worker has utilized Ambien for greater than 6 months. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.