

<b>Case Number:</b>	CM15-0125483		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/05/2004
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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

Certification(s)/Specialty: 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 36 year old male who sustained an industrial injury on 10/05/2004. Current diagnoses include status post L4 burst fracture with pedicle screw fixation and stabilization, cervical spine sprain/strain syndrome, bilateral shoulder sprain/strain syndrome, status post left tibial plateau fracture, calcaneus fracture of the right heel, status post open reduction internal fixation, reactionary depression and anxiety, medication induced erectile dysfunction, right knee bucket handle tear, medication induced gastritis, medication induced constipation, status post lumbar fusion 10/14/2009, status post hardware removal 01/04/2012, bilateral knee internal derangement with right medial meniscus tear, spinal cord stimulator trial on 07/26/2012, and status post right ankle fusion on 09/11/2012. Previous treatments included medications, surgical interventions, spinal cord stimulator, in-patient detoxification program, trigger point injections, physical therapy, and home exercise program. Initial injuries occurred when the worker fell more than 30 feet from a billboard sustaining multiple injuries. Report dated 05/21/2015 noted that the injured worker presented with complaints that included ongoing pain in the lower back with radiation down both lower extremities. Pain level was 5 out of 10 on a visual analog scale (VAS). The physician noted that the injured worker has difficulty sleeping, and the Ambien CR allows him to get 5-6 hours of sleep per night. Current medication regimen includes Xanax, Neurontin, Ambien CR, Anaprox DS, Prilosec, and Soma. Urine drug screening was positive for inconsistent results for opiates. Physical examination was positive for ambulation with a single point cane, tenderness in the lumbar spine with decreased range of motion, diffuse muscle rigidity along the lumbar paraspinal muscle bilaterally, positive straight

leg raise bilaterally, decreased sensation along the L5 distribution bilaterally, tenderness to palpation and mild soft tissue swelling in both knees, and mild crepitus with gentle range of motion in both knees. The treatment plan included performing urine drug testing, administered trigger point injections, refilled medications which included Neurontin, Xanax, and Ambien, dispensed Prilosec and Anaprox DS, request for a copy of the AME reports, referred to a psychologist, and return for follow up in two months. Submitted medical records indicate that the injured worker has been prescribed Ambien CR since at least 12/10/2014. Disputed treatments include Ambien CR.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien CR 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).

**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:** The California MTUS does not address Ambien. The Official Disability Guidelines (ODG) state that Ambien (zolpidem) is approved for short term use, usually 2-6 weeks, treatment of insomnia, and should be used for only a short period of time. The medical records submitted supports that the injured worker has been using Ambien long-term, since at least 12/10/2014. Therefore, the request for Ambien CR 12.5mg, #30 is not medically necessary.