

<b>Case Number:</b>	CM15-0175601		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/07/2001
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, New York, 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:

The applicant is a represented 55-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of April 7, 2001. On an August 27, 2015 Utilization Review report, the claims administrator failed to approve a request Ambien. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, it was acknowledged that the applicant was not working owing to ongoing complaints of low back and knee pain. The applicant was using Celebrex, Prilosec, and Ambien, it was reported. The attending provider acknowledged that the applicant was using Ambien on a regular basis for issues with pain-induced insomnia. The applicant was also receiving unspecified opioids, including Norco, from another provider, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration, Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien, in effect, represented treatment in excess of the FDA label and treatment which ran counter to ODGs Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.