

<b>Case Number:</b>	CM15-0072998		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, Florida, 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 injured worker is a(n) 35 year old male, who sustained an industrial injury on 2/10/13. He reported pain in his right shoulder and low back. The injured worker was diagnosed as having chronic lumbar pain with left-sided radiculitis and right shoulder tendinosis. Treatment to date has included a lumbar epidural injection, acupuncture and pain medications. As of the PR2 dated 3/24/15, the injured worker reports pain in his lower back and right shoulder. He indicated no relief from the epidural injection. The treating physician noted decreased range of motion in the lumbar spine and positive straight leg raise test bilaterally. There is no documentation of insomnia or sleep quality with medications. The treating physician requested to continue Ambien 10mg #30.

### 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 (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 section, under Zolpidem.

**Decision rationale:** This claimant was injured now over two years ago, and has chronic pain. There is no documentation of insomnia or sleep dysfunction. The MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) I was not able to find solid evidence in the guides to support long-term usage. The medicine was appropriately non-certified and is not medically necessary.