

<b>Case Number:</b>	CM15-0076196		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/17/1994
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: California

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 54 year old male, who sustained an industrial injury on 6/17/94. The injured worker was diagnosed as having long term use of medications and post laminectomy syndrome of lumbar region. Treatment to date has included oral medications including Ambien, Foresta, Polyethylene Glycol, Morphine, aspirin, Lisinopril, Lipitor and Lyrica; lumbar fusion surgery, spinal cord stimulation and lumbar epidural steroid injection. (MRI) magnetic resonance imaging of lumbar spine was performed on 1/2/14. Currently, the injured worker complains of chronic low back pain. He states the medications continue to help reduce pain and allow for better function. A request for authorization was submitted for Morphine and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg QTY: 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Zolpidem (Ambien).

**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:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The progress reports dated 10/17/14, 11/17/14, 12/15/14, 1/19/15, 2/13/15, and 3/13/15 documented the long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien CR is not medically necessary.