

<b>Case Number:</b>	CM15-0095130		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/30/2000
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old female patient who sustained a work related injury August 30, 2000. She sustained the injury due to cumulative trauma. The diagnoses include s/p two-level lumbar spine fusion; herniated nucleus pulposus C5-6, C6-7; s/p cervical spine radiofrequency neurolysis; s/p hardware injections x 6; exacerbation of chronic low back pain. According to a primary treating physician's progress report, dated April 14, 2015, she presented with ongoing lower back pain, rated 5/10, described as aching, burning, sharp, stabbing, throbbing pressure and numbness. She also complains of cervical pain located in the left and right side of the neck, rated 7/10. The pain is described as aching, burning, radiating, sharp, and throbbing. Medication was reviewed and she has no side effects, complications, or aberrant behavior ,and urine drug screen 1/25/2015, was within normal limits. The physical examination revealed pain on palpation over the lumbar hardware, pain with rotational extension, bilateral triggering and ropy fibrotic banding; positive pelvic thrust on the left positive, Faber's maneuver positive bilaterally and Gaenslen's maneuver positive bilaterally. The medications list includes ambien, ibuprofen, ultram ER and omeprazole. Treatments to date include MRI and x-ray testing, surgery, physical therapy and prescription pain medications. A request for Ambien medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Zolpidem (Ambien).

**Decision rationale:** Ambien 10mg #30 with 3 refills. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, 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. There is also a concern that they may increase pain and depression over the long-term." A detailed history related to insomnia was not specified in the records provided. A detailed rationale for the long term use of Ambien was not specified in the records provided. A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #30 with 3 refills is not fully established for this patient at this time.