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| <b>Case Number:</b>   | CM15-0095501 |                              |            |
| <b>Date Assigned:</b> | 05/22/2015   | <b>Date of Injury:</b>       | 06/06/2005 |
| <b>Decision Date:</b> | 06/24/2015   | <b>UR Denial Date:</b>       | 05/05/2015 |
| <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: North Carolina

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 59 year old male with a June 6, 2005 date of injury. A progress note dated April 1, 2015 documents subjective findings (numbness remains present following a selective nerve root block; burning has improved; pain at the center of the low back and towards the left side; pain rated at a level of 8-9/10, reduces to 3-4/10 with current medications), objective findings (lumbar spine range of motion limited secondary to pain; tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally), and current diagnoses (left sacroiliitis; intractable pain syndrome; lumbar spondylosis). Treatments to date have included lumbar spine fusion, removal of hardware, medications, selective nerve root blocks, lumbar facet block, sacroiliac joint blocks, sacroiliac joint radio frequency ablation, caudal epidural steroid injections, lumbar epidural steroid injection, magnetic resonance imaging of the lumbar spine (March 28, 2011; showed post-surgical changes, bilateral facet arthrosis, disc bulge, bilateral neural foraminal narrowing, and spondylolytic anterolisthesis). The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Norco 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 #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.