

<b>Case Number:</b>	CM13-0050077		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/04/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Patient is an injured worker with cervical disc displacement, cervical syndrome, headache, migraine, neuralgia/neuritis, cervicgia, cervical spondylosis, and neck sprain. Date of injury was 08-04-2002. Regarding the mechanism of injury, the patient was moving luggage from an overhead bin, when she injured her neck. Cervical fusion surgery was performed in 2002. Initial comprehensive worker's compensation evaluation report dated 05-30-2013 documented the medication Ambien 12.5 mg. Progress report dated 09/11/13 is documented subjective complaints of pain level 7/10 and reporting she was at 9/10 that morning. She continues to report head and neck pain daily. There was tenderness to the occipital region, swollen. She reports neck pain with radiation to the bilateral shoulders and upper extremities, with intermittent numbing sensation to the 2nd and 3rd digits in the right hand. She reports the only therapy that has provided relief is occipital nerve blocks. The physical examination revealed brachioradialis reflex 1+ on the right and 2+ on the left. Muscle strength was reduced to the right triceps, deltoid, and grip. Cervical range of motion was mildly reduced. There was pain with palpation to the bilateral nuchal ridge consistent with greater occipital nerve. Utilization review decision date was 09-24-2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 12.5MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Stress & Mental Illness Chapter.

**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 Ambien. Official Disability Guidelines (ODG) states that Ambien 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. Medical records indicate long-term use of Ambien. Medical records document Ambien medication on May 30, 2013. 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 12.5mg #30 is not medically necessary.