

<b>Case Number:</b>	CM13-0011347		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/24/2006
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Addiction Medicine, has a subspecialty in Toxicology and is licensed to practice in Massachusetts and New York. 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 physician 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:

The claimant is 48 year old and was injured on 9/24/06. While she was working, she suffered a fall from stool on her back. Ever since she has been complaining of back pain . She has had multiple workups done so far. Her diagnoses include chronic non-radicular lumbar pain, facet arthropathy , herniated nucleus pulposus, nonradicular mechanical instability, and lumbar strain. The medication in dispute is for one prescription of Zolpidem tartrate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for one prescription for Zolpidem tartrate ( [REDACTED] ) between 7/15/2013 and 09/01/2013: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aurora RN, et al. The treatment of central sleep apnea syndromes in adults: practice parameters with an evidence-based literature review and meta-analyses. Sleep. 2012 Jan 1;35(1):17-40. doi: 10.5665/sleep.1580.

**Decision rationale:** The requested medication is not medically necessary. After reviewing the chart, it is not clear what is the purpose of Zolpidem, whether it is used to treat nonhypercapnic

central sleep apnea or if it is used to treat insomnia of the central apnea. There is no documentation of this sleep problem or study.