

<b>Case Number:</b>	CM13-0048582		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	11/01/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Pulmonary Diseases, 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:

The patient is a 55 year-old female who reported an injury on 11/1/09. The mechanism of injury was trauma. The current diagnosis is backache, unspecified. The clinical documentation provided for review indicated that the patient has been on zolpidem for greater than six months. The most recent clinical note states that the patient sleeps poorly and she is able to do light chores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 5MG AT BEDTIME AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, and the Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** The Official Disability Guidelines indicate that zolpidem is a prescription short-acting nonbenzodiazepine hypnotic that is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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 concern that they may increase pain and depression over the long-term. The clinical documentation provided indicates that the patient has been on zolpidem 5mg for greater than six months while the ODG recommends short-term use only. The request also fails to indicate the quantity that is being requested. As such, the request for zolpidem is not medically necessary.