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| <b>Case Number:</b>   | CM13-0070255 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 01/28/2013 |
| <b>Decision Date:</b> | 04/22/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2013 |

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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:

The injured worker is a 29-year-old male with a date of injury on January 28, 2013. The injured worker has documentation of insomnia and chronic pain. His medication regimen includes ketoprofen, Flexeril, and omeprazole. The patient reported sleeping only 4 hours per night, which is less than is typical sleep pattern. The disputed request is one prescription for zolpidem 5 mg with 1 refill which was modified to a prescription for zolpidem 5 mg with no refills. The utilization reviewer cited guidelines that specify that zolpidem is only indicated for short-term use of 2 to 6 weeks as reason to modify the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF ZOLDIEM 5MG #45 WITH ON REFILL: Upheld**

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

**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 California Medical Treatment and Utilization Schedule and American College of Occupational and Environmental Medicine (ACOEM) do not specifically address zolpidem. Therefore the Official Disability Guidelines are utilized which specify the following:

"ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which 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. (Feinberg, 2008)" Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7 -10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults.). In the case of this injured worker, there is adequate documentation of insomnia. However, zolpidem is recommended by national guidelines for only short-term use. Its FDA approval was based upon clinical studies that were of short term duration. Therefore a request for a two-month supply of this medication is not medically indicated. The patient should have his sleep issues managed with a nonpharmacologic approach, which is not documented in the medical records despite there being a long-standing history of sleep disturbance to a. Company the patient's chief complaint of lumbar and cervical radiculopathy. This request is recommended for noncertification, and the utilization review determination is upheld.