

<b>Case Number:</b>	CM14-0004863		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/20/1991
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Family Practice and is licensed to practice in Tennessee, California, and Virginia. 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 52 year old female injured on 11/20/91 as the result of undisclosed mechanism of injury. Current diagnoses included lumbar radiculopathy and lumbar degenerative disc disease. The injured worker underwent multiple modalities of conservative management in addition to multiple lumbar epidural steroid injections with moderate reduction in pain and medication management. The injured worker complained of moderate constant low back pain radiating into bilateral lower extremities. The injured worker also reported anxiety and difficulty sleeping secondary to pain. Physical examination revealed decreased range of motion of lumbar spine, tenderness diffusely with paravertebral spasm, straight leg raise negative bilaterally, and sensation intact to lower extremities. Prescriptions included clonazepam 0.125mg, Zolpidem 10mg QHS, cyclobenzaprine 7.5mg QHS, gabapentin 300mg QHS, naproxen 550mg BID, Norco 10-325mg Q4 hours, and Zoloft 100mg. The initial request for Zolpidem (Zolpidem tartrate tablet) 10mg was initially not medically necessary on 12/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM ( ZOLPIDEM TARTRATE TABLET) 10MG:** 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): Online Version, Pain (Chronic), Zolpidem (Ambien).

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Zolpidem ( Zolpidem Tartrate Tablet) 10MG cannot be recommended as medically necessary.