

<b>Case Number:</b>	CM14-0108479		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/20/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old female who reported an injury to her neck on 7/20/2005. The clinical note dated 04/09/14 indicates the injured worker stating the initial injury occurred as a result of a motor vehicle accident. The clinical note dated 06/13/14 indicates the injured worker complaining of neck pain radiating to both upper extremities. No information had been submitted regarding the initial injury. The injured worker rated the pain as 3-7/10. The note indicates the quality of the injured worker's sleep was good at that time. The note indicates the injured worker utilizing Zolpidem as well as Celebrex, Tylenol #3, and Ativan at that time. Upon exam, the injured worker was identified as having range of motion limitations in the cervical region. The injured worker was able to demonstrate grip strength deficits on the right. The clinical note dated 03/12/14 indicates the injured worker having initially been prescribed the use of Zolpidem at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 5mg 1 HS # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The use of this medication is approved for the short-term treatment of insomnia. Zolpidem 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 patient has been utilizing this medication on a long-term basis, exceeding the recommended 6 week window of use. As such, the request is not medically necessary.