

<b>Case Number:</b>	CM14-0120795		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/27/2001
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Occupational 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:

According to the records made available for review, this is a 68-year-old male with a 2/27/01 date of injury. At the time (7/8/14) of request for authorization for Zolpidem 10MG #30 with 11 refills, there is documentation of subjective (chronic low back pain with sleep disturbance) and objective (not specified) findings, current diagnoses (chronic lumbar spine pain and sleep disorder), and treatment to date (ongoing therapy with Zolpidem since at least 7/30/13 with improved sleep and reduced pain). There is no documentation of short-term (two to six weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30 With 11 Refills:** Upheld

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

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine discopathy. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Zolpidem since at least 7/30/13, there is no documentation of short-term (two to six weeks) treatment. In addition, despite documentation of improved sleep and reduced pain with Zolpidem, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zolpidem. Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10MG #30 with 11 refills is not medically necessary.