

<b>Case Number:</b>	CM14-0138047		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 42-year-old male with a 7/25/06 date of injury. At the time (8/12/14) of the Decision for Zolpidem 10mg #30 with 1 refill, there is documentation of subjective (neck pain that radiates down the bilateral upper extremities and low back pain that radiated down to the bilateral lower extremities) and objective (spinal vertebral tenderness in the cervical spine from C4 to C7, limited range of motion, tenderness upon palpation in the spinal vertebral area from L3 to L5 and limited range of motion) findings, current diagnoses (cervical radiculitis, lumbar radiculitis, wrist pain, chronic constipation, chronic pain, and status post left wrist open reduction/internal fixation), and treatment to date (medication including Zolpidem for at least 3 years). There is no documentation of insomnia; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Zolpidem use to date; and the intention to treat over a short course (less than two to six weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30 with 1 refill:** 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 Chronic Pain Chapter, Zolpidem Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. 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. ODG identifies Ambien (zolpidem) as a prescription short-acting non- benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, lumbar radiculitis, wrist pain, chronic constipation, chronic pain, and status post left wrist open reduction/internal fixation. However, there is no documentation of insomnia. In addition, given documentation of treatment with Zolpidem for at least 3 years, there is no 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 with Zolpidem use to date; and the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10mg #30 with 1 refill is not medically necessary.