

<b>Case Number:</b>	CM14-0176400		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 patient is a 50 year old male who was injured in August of 2011. The patient has been receiving CBT. In October he was seen by a psychiatrist who indicated that his condition was stable. The medications at that time were noted to have been Cymbalta 30 mg daily, Nudexta 20/10 BID, Klonopin 0.5 mg up to two times daily and Intermexxo 3.5 mg po q hs., The previous reviewer denied benefit coverage for the Intermezzo due ot lack of medical necessity. This is an independent review of the previous determination to deny coverage for the Intermezzo 3.5 mg q hs prn #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 2 Intermezzo (Zolpidem Tartrate) 3.5mg, quantity 15, by mouth once daily at night (as needed for insomnia, one refill, submitted diagnosis depressive disorder, related to chronic pain in the left upper extremity and neck, as an outpatient:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed McGraw Hill, 2010; and the Physician's Desk Reference, 68th ed. www.RxList.com; and the ODG Workers Compensation Drug Formulary, www.odg-twc.com/odg-twc/formulary.htm; and drugs.com; and Epocrates Online www.epocrates.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

**Decision rationale:** It is not known how long the patient had been on the Intermezzo but a note from another provider indicates that the patient was on this medication in May of this year. State of California MTUS and ACOEM are silent on soporific medications. ODG does not recommend their long term use, indicating that use of Zolpidem should be limited to 7-10 days. The provider's note from 10/1 indicates that he was doing quiet well and that his sleep was good. The data reviewed in sum do not indicate medical necessity for Intermezzo either according to the patient's clinical status or the evidence based Official Disability Guidelines. As such it should be considered as not medically necessary.