

<b>Case Number:</b>	CM14-0181837		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/19/2000
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on May 19, 2000. Subsequently, the patient developed a chronic back pain. According to a progress report dated on June 26, 2014, the patient continued to have chronic back pain with a severity rated 3-4/10 and chronic neck pain with a severity rated 3/10. The patient was treated with Topamax with 90 percent reduction of his pain. The patient uses Cymbalta and Topamax improvement of his condition. The patient physical examination demonstrated the cervical tenderness with reduced range of motion, lumbar tenderness with reduced range of motion. The patient was diagnosed with the cervical disc disease, fibromyalgia, complex regional syndrome and facet lumbar tenderness. The provider is requesting authorization to continue using Zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Zolpidem ER 12.5mg Quantity: 30,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Zolpidem (Ambien), Pain Chapter, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-

Benzodiazepine Sedative-Hypnotics (Benzodiazepine-Receptor Agonists) and on Other Medical Evidence: (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)

**Decision rationale:** Zolpidem is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Zolpidem could be used as an option to treat insomnia; however it should not be used for a long-term without periodic evaluation of its need. There is no recent documentation that the patient is suffering from insomnia. Therefore, the prescription of Zolpidem ER 12.5mg Quantity: 30, is not medically necessary.