

<b>Case Number:</b>	CM14-0185466		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/27/2001
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 73-year-old male who reported an injury on 12/27/2011. The mechanism of injury was not provided. His diagnoses were noted to include spinal/lumbar degenerative disc disease, low back pain, and lumbar radiculopathy. Past treatments included medications. On 08/27/2014, the injured worker complained of lower back pain rated at an 8/10, and difficulty sleeping. Physical examination revealed decreased range of motion of the lumbar spine, tenderness to palpation, normal motor strength, normal sensation, and normal reflexes. His current medications were listed as tramadol, Zolpidem tartrate, levothyroxine, simvastatin, warfarin sodium, and Propafenone HCl. The treatment plan included medications. A request was received for 1 prescription for Zolpidem tartrate 10mg #20 with 2 refills. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem tartrate 10mg #20 with 2 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) Pain, Zolpidem

**Decision rationale:** The request for 1 prescription for Zolpidem tartrate 10mg #20 with 2 refills is not medically necessary. The Official Disability Guidelines state that Zolpidem is recommended for short term treatment of insomnia. Clinical notes indicate that the injured worker complained of a poor quality of sleep, and the recommendation for a refill of Zolpidem was made. However, clinical notes indicate that the injured worker has been prescribed Zolpidem tartrate 10 mg as long ago as 03/20/2014. As the guidelines do not recommend long term use of Zolpidem, as it can be habit forming and may impair function and memory, the request is not supported. Therefore, the request is not medically necessary.