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| <b>Case Number:</b>   | CM14-0020937 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 08/19/2013 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 28-year-old male with on 8/19/13 date of injury. The mechanism of injury was not noted. On 10/22/13 progress note, the patient complained of right knee pain. He described it as a dull throbbing pain, which he rated as anywhere from 5-7/10. The pain is increased with prolonged standing and walking and is improved with resting. Objective findings: mild discomfort with range of motion of the right knee, tender to palpation of right knee over the medial and lateral joint lines. Diagnostic impression: Sprain/strain of knee/leg. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 1/31/14 denied the retrospective request for Zolpidem. ODG states Ambien (zolpidem) is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 12/18/13) FOR ZOLPIDEM TARTRATE 10MG  
#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, Pain chapter, Ambien.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

**Decision rationale:** CA MTUS does not address this issue. ODG (Official Disability Guidelines) and the FDA (Food Drug Administration) state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In the reports reviewed, there is no documentation that the patient has insomnia or any other sleep disorder. In fact, in progress notes dated 8/19/13 and 10/22/13, the patient denied any sleep disturbances. It is unclear why the physician is requesting a medication for insomnia when there is no documentation that the patient is suffering from insomnia. Therefore, the request for Retrospective Request (Date of services: 12/18/13) for Zolpidem Tartrate 10mg #30 is not medically necessary.