

<b>Case Number:</b>	CM14-0023412		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	04/05/2005
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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 50-year-old female who reported an injury on 04/05/2005 secondary to catching falling luggage. The injured worker was evaluated on 11/04/2013 for reports of neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. The exam noted a spasm in the bilateral trapezius muscles and bilateral paraspinous muscles in the cervical spine. Myofascial trigger points were noted in the right trapezius, right levator scapulae and right rhomboid muscles. There were also spasms noted in the bilateral paraspinous muscles of the lumbar region along with decreased strength of the flexor and extensor muscles in the bilateral lower extremities. A straight leg raise was also noted upon examination. The diagnoses include cervical radiculopathy, lumbar radiculopathy, status post lumbar fusion, chronic pain, and status post cervical discectomy. The treatment plan included medication management. The Request for Authorization was not noted in the documentation provided. The rationale was noted in the exam notes as being prescribed for chronic insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG #30:** 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 Official Disability Guidelines (ODG) Pain, Zolpidem.

**Decision rationale:** The request for Zolpidem 10mg #30 is not medically necessary. The Official Disability Guidelines recommend Zolpidem for the short-term (2-6 weeks) treatment of insomnia. There is a lack of significant evidence of the efficacy of this medication. The injured worker has been prescribed Zolpidem since at least 07/03/2013. This timeframe exceeds the recommended time to be considered short-term. Therefore, based on the documentation provided, the request is not medically necessary.