

<b>Case Number:</b>	CM14-0023572		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/01/1999
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Orthopedic Surgery, 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 60-year-old gentleman who was injured on May 1, 1989. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated March 24, 2014 indicated there were ongoing complaints of chronic low back pain. Current medications were stated to include Lyrica, Baclofen, and Fentanyl patches. The physical examination demonstrated that the injured employee walked with an antalgic gait. There was no tenderness along the lumbar spine. Lumbar spine range of motion was decreased, and there was a positive bilateral straight leg raise. There was a normal lower extremity neurological examination. Diagnoses included failed back surgery syndrome and chronic pain syndrome with chronic opioid use. Caudal epidural steroid injections were recommended, and there was a plan for weaning the injured employee from narcotic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM TARTRATE ER 12.5 MG QUANTITY:30 REFILLS: 2:** 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 (Chronic), Zolpidem, updated June 10, 2014.

**Decision rationale:** Zolpidem is a short acting hypnotic indicated for the short-term treatment of insomnia. The medical record does not state that the injured employee is currently experiencing any sleep disturbance or that there has been a previous discussion regarding good sleep hygiene. Furthermore, the official disability guidelines state that sleeping aids such as Zolpidem are rarely, if ever, recommended for long-term use. The current prescription was written for 90 tablets, which would be three months worth. For these multiple reasons, this request for Zolpidem is not medically necessary.