

<b>Case Number:</b>	CM14-0023762		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	02/13/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 56-year-old female who reported an injury on 08/23/2009. The mechanism of injury was not provided for clinical review. The diagnoses included cervical degenerative disc disease, status post shoulder surgery for adhesive capsulitis, negative electrodiagnostic study, thoracic pain, and chronic low back pain. Previous treatments included medication and surgery. Diagnostic testing included an MRI. Within the clinical note dated 02/04/2014, it was reported the injured worker complained of pain rated 9/10 without medications. She rated her pain 5/10 with medications. The injured worker reported the inability to do anything without her medications. Upon physical examination, the provider noted the injured worker walked with a cane. The current medication regimen included Duragesic, Percocet, Prilosec, ibuprofen, Senokot, Ambien, and zolpidem. The provider requested zolpidem tartrate. However, a rationale was not provided for clinical review. The Request for Authorization was submitted on 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM TARTRATE 5MG #60:** 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 tartrate 5 mg #60 is not medically necessary. The Official Disability Guidelines note zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which was approved for short term (usually 2 to 6 weeks) treatment of insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There was a lack of documentation indicating the injured worker was treated for insomnia. Additionally, the injured worker has been utilizing the medication since at least 02/2014 which exceeds the guideline recommendations of short term use of 2 to 6 weeks. Therefore, the request is not medically necessary.