

<b>Case Number:</b>	CM14-0026599		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational 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 patient is a 55 year old female who was injured on 06/22/2009. She sustained an injury when she stepped on a floor while it was being stripped and she reached for the door handle and fell onto her buttock and back. Prior medication history included Norco 5/325 mg, Ambien 10 mg, and Ativan mg. Initial consult dated 01/06/2014 indicated the patient complained of low and middle back pain radiating into the leg. She rated her pain as a 10/10 with symptoms of dullness, numbness and tingling in both of her legs. There was increased tone in the bilateral thoracic paravertebral muscles. There was tenderness over the lumbar spine and range of motion of the lumbar spine was restricted. Diagnoses are bilateral hip pain, left greater than right, tolerance to opiod pain medications, low back pain, and urinary incontinence. Prior utilization review dated 02/26/2014 states the request for pharmacy purchase of Zolpidem tartrate 10 mg #60 was denied as guidelines do not support long term sleeping medications; therefore Zolpidem tartrate 10 mg #12 was approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF ZOLPIDEM TARTRATE 10 MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sleeping Medications.

**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 Official Disability Guidelines states that Zolpidem is a prescription short-acting nonbenzodiazepine 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. (Feinberg, 2008) See Insomnia treatment. Ambien CR offers no significant clinical advantage over regular release Zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release Zolpidem. The medical records document long term use of Zolpidem 10mg, #60. The patient was injured in 2009 and has had several surgeries. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.