

<b>Case Number:</b>	CM14-0031162		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 6, 2003. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation, an earlier lumbar microdiscectomy surgery, transfer of care to and from various providers in various specialties, opioid therapy, muscle relaxants, and sleep aids. In a Utilization Review Report dated February 6, 2014, the claims administrator apparently partially certified a request for zolpidem 10 mg, for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated October 31, 2013, the applicant was described as reporting persistent complaints of low back pain. It was stated that the applicant should pursue a lumbar decompression surgery, multilevel. In an applicant questionnaire dated October 7, 2013, the applicant himself acknowledged that he was not working. The applicant stated that he is only sleeping one to two hours a night. The applicant apparently underwent the partial laminectomy and microdissection surgery on October 5, 2013, multilevel. In a progress note dated March 11, 2014, the applicant was described as using Protonix for GI upset. The attending provider appealed a decision to deny Protonix, unspecified opioid medications, Ambien, and vitamin D. In another applicant questionnaire dated December 18, 2013, the applicant again acknowledged that he was not working. The applicant again stated that he was having issues with pain which were interrupting his sleep. In an earlier progress note of February 14, 2014, the applicant was described as reporting 9/10 pain with medications and 10/10 without medications. The applicant, at that point, was reportedly using Soma, Wellbutrin, clorazepate, Neurontin, hydrocodone-acetaminophen, Protonix, senna, vitamin D, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpiden 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2014 Zolpiden (Ambien) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS pages 7-8.2. Food and Drug Administration (FDA), Ambien Drug label Page(s): 7-8. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Ambien Label - Fda - Food and Drug Administration [www.accessdata.fda.gov/drugsatfda.../labe...](http://www.accessdata.fda.gov/drugsatfda.../labe...)

**Decision rationale:** While the MTUS does not specifically address the topic of Zolpidem usage, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines states that an attending provider who prescribes the drug for non-FDA label use purposes has the responsibility to be well informed about usage of drugs in this context and should, furthermore, furnish some compelling some compelling evidence for usage of the same. In this case, however, Ambien or Zolpidem, per the Food and Drug Administration (FDA), is indicated for the short-term treatment of insomnia, for up to 35 days. Ambien is not indicated in the chronic, long-term, scheduled, and/or nightly use purpose for which it is being proposed here. In this case, the attending provider did not furnish any compelling applicant-specific rationale, narrative, commentary, or medical evidence which would offset the unfavorable FDA recommendation. Therefore, the request is not medically necessary.