

<b>Case Number:</b>	CM14-0035426		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/26/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 and 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:

This 65 year-old patient sustained an injury to the low back and right hip on 6/26/01 while employed by [REDACTED]. Request(s) under consideration include ZOLPIDEM 10MG. Diagnoses include multilevel cervical discopathy; right hip Paget's disease with sprain/strain s/p reconstructive surgery; multilevel lumbar discopathy; left biceps tear s/p left shoulder arthroscopy (2008); s/p left knee arthroscopy with medial meniscectomy and chondroplasty 4/17/09; left foot metatarsalgia s/p left toe amputation. There is past medication history of diabetes mellitus, hypertension, myocardial infarction s/p stent and angioplasty in 2008; possible TIA in 2009 with diminished hearing s/p surgery in 1997. Internal medicine QME report of 1/30/14 had not identified any rheumatologic injury to deem P&S or disability status and "the patient's Paget's disease which was noted to be the predominant cause of his main disabling pain should be discussed with primary treating non-industrial physician." Report of 1/15/14 from the provider noted the patient with continued chronic low back and right hip symptoms rated at 7-9/10 extending to upper leg. Current taking Vicodin and Celebrex to help decrease pain; however, Gabapentin was not helping. Exam showed antalgic gait; wearing extra-depth shoes. It was noted UDS done on 11/1/13 showed prescribed and unprescribed medications (no report provided). Treatment included medications refills. The request(s) for ZOLPIDEM 10MG was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **ZOLPIDEM 10MG: 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 (Ambien®), pages 877-878

**Decision rationale:** This 65 year-old patient sustained an injury to the low back and right hip on 6/26/01 while employed by [REDACTED]. Request(s) under consideration include ZOLPIDEM 10MG. Diagnoses include multilevel cervical discopathy; right hip Paget's disease with sprain/strain s/p reconstructive surgery; multilevel lumbar discopathy; left biceps tear s/p left shoulder arthroscopy (2008); s/p left knee arthroscopy with medial meniscectomy and chondroplasty 4/17/09; left foot metatarsalgia s/p left toe amputation. There is past medication history of diabetes mellitus, hypertension, myocardial infarction s/p stent and angioplasty in 2008; possible TIA in 2009 with diminished hearing s/p surgery in 1997. Internal medicine QME report of 1/30/14 had not identified any rheumatologic injury to deem P&S or disability status and "the patient's Paget's disease which was noted to be the predominant cause of his main disabling pain should be discussed with primary treating non-industrial physician." Report of 1/15/14 from the provider noted the patient with continued chronic low back and right hip symptoms rated at 7-9/10 extending to upper leg. Current taking Vicodin and Celebrex to help decrease pain; however, Gabapentin was not helping. Exam showed antalgic gait; wearing extra-depth shoes. It was noted UDS done on 11/1/13 showed prescribed and unprescribed medications (no report provided). Treatment included medications refills. The request(s) for ZOLPIDEM 10MG was non-certified on 3/4/14. Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2001 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The ZOLPIDEM 10MG is not medically necessary and appropriate.