

<b>Case Number:</b>	CM14-0052367		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational Medicine and is licensed to practice 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 44-year-old who has submitted a claim for Right Extensor Carpi Radialis Brevis Tendonitis associated with an industrial injury date of July 13, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right elbow pain, especially on the medial compartment. He also had difficulty with sleeping. On physical examination, there was a healed surgical incision over the lateral compartment of the right elbow. There was tenderness of the medial compartment. Right elbow range of motion was full on all planes. Neurovascular status was intact. No motor deficits were noted. Mental status examination revealed an appropriate mood and normal affect. Treatment to date has included right elbow steroid injections, right elbow surgery, physical therapy, and medications including Ambien (zolpidem tartrate) 10 mg one tablet by mouth every night at bedtime as needed (since at least February 2014). Utilization review from March 27, 2014 modified the request for Ambien (Zolpidem Tartrate) 10 MG Quantity 30 One Tablet By Mouth Every Night AT Bed Time As Needed No Refill to Ambien (Zolpidem Tartrate) 10 mg #10 for tapering purposes because the primary treating physician did not address the issue of sleep hygiene and was not able to address the goals to be achieved or the duration on the use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien (Zolpidem Tartrate) 10 mg, thirty count with no refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

**Decision rationale:** The California Medical Treatment Utilization Section (MTUS) does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, Ambien was being prescribed since February 2014 (six months to date), which is beyond the recommended duration of use. In addition, given the 2012 date of injury, the exact duration of Ambien use is not clear. There was also no documentation of continued functional improvement and alleviation of sleep problems despite chronic use of this medication. There is no clear indication for continued use of Ambien. Therefore, the request for Ambien (Zolpidem Tartrate) 10 mg, thirty count with no refills, is not medically necessary or appropriate.