

<b>Case Number:</b>	CM14-0068009		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male who sustained an injury on 11/01/02. No specific mechanism of injury was noted. The injured worker was status post left knee arthroscopy with lateral retinacular release and high tibial osteotomy in 02/06. The injured worker had been at permanent and stationary status since 08/06. The injured worker had long history of Zolpidem for insomnia. The injured worker underwent hardware removal with additional bone grafting on 03/28/14. Post-operative follow up on 04/03/14 noted continuing pain in the left knee that was well controlled that was controlled with Norco and ice. The injured worker was kept on crutches. Clinical record from 04/09/14 noted ongoing complaints of pain in the left knee and ankle. Physical examination was limited without specific findings. The injured worker was utilizing Norco up to eight tablets per day. There was no discussion of the efficacy of continuing Zolpidem. The requested Zolpidem 10mg #30 with one refills was denied by utilization review on 04/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10 MG 1-2 By Mouth As Needed For Insomnia Quantity 30 Refills One:**  
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 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:** In regards to the use of Zolpidem 10mg quantity 30 with one refill, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Zolpidem to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the Food and Drug Administration has recommended that dosing of Zolpidem be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Zolpidem has been effective in improving the injured workers' overall functional condition. As such, this reviewer would not recommend this request as medically necessary.