

<b>Case Number:</b>	CM14-0068282		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/15/1999
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	04/17/2014
<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 Internal Medicine, Pulmonary Disease 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 43-year old female who reported an injury on 08/15/1999 due to an unspecified mechanism of injury. Her diagnoses include lumbar disc disease, lumbar radiculopathy, and scoliosis. Her past treatments include medications, physical therapy, and a TENS unit. On 05/09/2014, the injured worker complained of severe pain and withdrawal affecting her activities of daily living, agitation, nervousness, and night sweats. On physical examination, findings showed lumbar range of motion was fair with positive Kemp's sign, full motor strength in lower extremities, and deep tendon reflexes at 2+ except in the right Achilles which was absent. Her medications included MS Contin 15mg taken once a day, Zolpidem 10mg at bedtime, Omeprazole 20mg twice a day, and Amitiza 24mcg twice a day. The treatment plan was to continue all medications, daily exercise as instructed, and follow up in 5 weeks. A request was received for Zolpidem 10mg #30. The rationale for the request was not provided. The Request for Authorization form for the submitted request was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30:** 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®); Insomnia treatment.

**Decision rationale:** The request for Zolpidem 10mg #30 is not medically necessary. The Official Disability Guidelines state that Zolpidem is a short-acting NonBenzodiazepine hypnotic approved for the short-term treatment of insomnia and there are concerns that they may increase pain and depression over the long-term. It is not recommended for long term use and can be habit forming, and may impair function and memory more than an opioid pain reliever. While the injured worker complains of pain and trouble sleeping, she has been on Zolpidem since 2001 and medically compliant. There was no assessment of the specific component of the injured worker's insomnia. Nonetheless, the guidelines only support the short term use of Zolpidem. Additionally, the submitted request fails to specify the frequency of the medication. Therefore, the request is not medically necessary.