

<b>Case Number:</b>	CM14-0090453		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Family 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:

This is a request for 57 years old male patient who sustained an injury on 5/15/2011. He sustained the injury due to involvement in motor vehicle accident. The current diagnoses include cervical strain, headache and possible median nerve entrapment bilaterally. Per the psychiatric note dated 5/31/14, he had depression, anxiety, sleep disturbances and physical pain. Per the doctor's note dated 5/21/14, he had complaints of headache, left knee pain, depression, anxiety; pain, numbness and burning sensation in both hands. The physical examination revealed improved cervical range of motion, minimal tenderness over the greater occipital nerves, symmetrical and hypoactive deep tendon reflexes, positive Tinel's sign at both wrists, decreased light touch and pinprick sensation in both median nerve distributions. The medications list includes Norco 10-325 mg, Clonazepam, Tramadol 50 mg, Viibryd 40mg, Intermezzo 3.5 mg and nortriptyline. He has been taking intermezzo since 7/25/13. He has had urine drug screen report on 2/21/14 which was inconsistent for tramadol. He has had MRI head on 1/29/13 with negative results; MRI left knee dated 1/29/13 which revealed extensive medial meniscus tearing. He has undergone lumbar laminectomy/discectomy on 8/3/2012; cervical fusion at C5-6 and bilateral shoulder surgery. He has had cortisone injection to the left knee. He has had physical therapy visits and psychiatric treatment-individual therapy sessions for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermezzo 3.5 mg # 15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 10/30/14), Zolpidem (Ambien®).

**Decision rationale:** Intermezzo contains Zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia was not specified in the records provided. In addition, zolpidem is approved for short-term use only. The response of the insomnia to the other significantly sedating medications that he was taking including the klonopin and clonazepam is not specified in the records provided. The medical necessity of Intermezzo 3.5 mg # 15 is not fully established for this patient at this time.