

<b>Case Number:</b>	CM14-0099713		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Nevada. 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 records presented for review indicate that this 58-year-old individual was reportedly injured on November 12, 2009. The mechanism of injury is not identified. The most recent progress note dated May 6, 2014, ongoing complaints of pain to the back, legs, right wrist and hand is reported. The physical examination demonstrated tenderness in the bilateral lumbar paraspinal muscles, and left SI joint with restricted lumbar, and wrist ranges of motion. Lumbar discogenic and risk provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative with the exception of the Gaenslen's and Patrick's maneuvers. Nerve root tension signs were negative. Muscle strength is 5/5 in the lower extremities and for/5 in the hand intrinsic's. Decreased sensation in the bilateral L4 dermatomes is noted. Prior treatment has included work restrictions, yoga, acupuncture, and pharmacotherapy. The record references a urine drug screen protocol, but does not disclose the results. A request had been made for zolpidem 10 mg #60 and was not certified in the pre-authorization process on June 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 600 mg sixty count:** 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 Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. 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. The guidelines specifically do not recommend them for long-term use for chronic pain. The medical record indicates that this medication is being used on a long-term basis, which is outside of guideline support. As such, the request for Zolpidem 600 mg sixty count is not medically necessary or appropriate.