

<b>Case Number:</b>	CM14-0101316		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 42 year old female who sustained a work related injury to her right shoulder, neck and right hand pain on November 15,2006 while performing her customary jobs of keyboarding, filing, stapling and lifting while employed as an accounts payable assistant. She was placed on modified duties and received physical therapy and medications. The injured worker underwent an arthroscopic right rotator cuff repair on April 23, 2008 followed by physical therapy with little benefit. On March 3, 2009 she underwent a right carpal tunnel release followed by physical therapy with relief of right hand pain. In February 2010 a left carpal tunnel release then surgery for left cubital tunnel syndrome (no date noted), both of which were followed by physical therapy. She is using a brace. In mid-2013 the injured worker received a corticosteroid injection to the right elbow. She additionally complains of left shoulder and neck pain for which the patient received cervical radiofrequency nerve ablation on January 30, 2014. The injured worker receives psychiatric counseling for psychological factors related to her medical condition. The patient is currently in pain management and continues to experience right lateral elbow pain radiating to the common extensor index finger. The injured worker recently began experiencing Restless Leg Syndrome. According to the primary treating physician's progress report on March 21, 2014 range of motion is intact at the right elbow, hand and wrist. Tenderness is noted at the lateral epicondyle and radial tunnel causing radiating pain the dorsal hand and index finger. Current medications as of April 2014 are listed as Hydrocodone, Ibuprofen, Soma, Abilify, Zolpidem, Neupro transdermal patch, and Ranitidine. The injured worker is on temporary total disability (TTD) and is currently not working. The physician

requested authorization for Zolpidem 10mg 1 tablet QHS #30. On June 24, 2014 the Utilization Review denied certification for Zolpidem 10mg 1 tablet QHS #30. Zolpidem (Ambien) is not addressed in the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and American College of Occupational and Environmental Medicine (ACOEM). The Official Disability Guidelines (ODG) and alternative evidence based guidelines were utilized in the decision process. An AME report dated 02/24/2014 and a treating physician note dated 05/19/2014 were also reviewed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ZOLPRIDEM 10MG 1 TABLET QHS #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 03/03/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 33.0. UpToDate. Accessed 01/10/2015.

**Decision rationale:** Zolpidem tartrate is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. An AME report dated 02/24/2015 determined that the workers experience of daytime sleepiness using the Epworth Scale was normal. A treating physician note dated 05/19/2014 mentioned the worker had a sleep issue but concluded the worker suffered from restless leg syndrome. There was no documented sleep assessment containing any of the elements recommended by the literature, trial of behavioral intervention, or description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of zolpidem 10mg taken as one tablet at bedtime is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.