

<b>Case Number:</b>	CM14-0135781		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker sustained an industrial injury on 11/01/02. He reports knee and ankle pain as well as musculoskeletal pain. Treatments to date include multiple knee and ankle surgeries, as well as medications. Diagnoses include chronic pain, close fracture of upper end tibia, degeneration of intervertebral disc, closed fracture of femur distal end, closed fracture proximal femur subtrochanteric, insomnia related to known organic disorder, low back pain, spasm, joint pain in ankle and foot, knee pain, lumbosacral spondylosis, closed supracondylar fracture of femur, and lower leg joint pain. In a progress note dated 07/09/14 the treating provider recommends continued treatment with Norco, diazepam, Ambien, Prilosec, and promethazine. On 08/04/14 Utilization Review non-certified the Ambien, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10mg 1 Po Qhs Once Or Twice Per Week Prn Insomnia Count #10 With 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Worker's Compensation, Pain Chapter ( Updated 7/10/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ) Pain, Zolpidem, insomnia treatment.

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication on a chronic bases, which guidelines recommend against. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states: The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; (d) Next-day functioning. Medical documents provided do not detail these components. As such, the request for Zolpidem Tartrate 10mg 1 Po Qhs Once Or Twice Per Week Prn Insomnia Count #10 With 1 Refill is not medically necessary at this time.