

<b>Case Number:</b>	CM14-0182425		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 73-year-old female with an injury date of 02/23/2000. Based on the 06/25/2014 progress report, the patient's symptoms are chronic and are fairly controlled. She has no complaints of any side effects with the current medication regimen. There is no clinical evidence of diversion, malingering, or aberrant drug-seeking behavior. "The use of these medications has improved the patient's quality of life and increased overall daily functionality." The patient is currently taking Senokot, Opana, MS Contin, Lyrica, Amitiza, and Ambien. The 09/23/2014 progress report indicates that the patient complains of shoulder joint pain and reflex sympathetic dystrophy of upper limb. There were no further positive exam findings provided. A listed diagnosis was not provided either. The utilization review determination being challenged is dated 09/25/2014. There were 2 treatment reports provided from 06/25/2014 and 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem tab 5mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Insomnia Treatment.

**Decision rationale:** According to the 09/23/2014 progress report, the patient has shoulder joint pain and reflex sympathetic dystrophy of upper limb. The request is for Zolpidem tablets 5 mg #30 with 2 refills. The patient has been taking Zolpidem as early as 08/21/2014. MTUS and ACOEM Guidelines do not address Zolpidem; however, ODG Guidelines state that Zolpidem is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. It appears as though the patient has been using Zolpidem on a long-term basis, which is not within MTUS Guidelines. The 2 progress reports provided do not address the patient's insomnia. Therefore, Zolpidem tab 5mg #30 with 2 refills is not medically necessary and appropriate.