

<b>Case Number:</b>	CM14-0188651		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal 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 case of a 37 year old male with a date of injury of 3/6/2006. In a primary treating physician report by [REDACTED] dated 8/5/2014, the patient returns for a follow-up visit. The patient complains of real bad sharp pains in his lower back and back spasms in the mid back. It is getting worse every day that passes. His right leg locks on him when he walks. On physical examination, he had difficulty standing from a seated position, and he has a positive right straight leg raise. He has a guarded gait and limited motion with pain and weakness of his right ankle and toes. He is diagnosed with s/p lumbosacral spine delayed fusion. His treatment plan is to continue with Norco and Soma and start aquatic therapy. Similar complaints were noted by the patient on subsequent visit with [REDACTED] dated 9/16/2014. On physical examination that day, the patient was in mild distress, was having difficulty standing from a seated position and had positive straight leg raise on the right with weakness of the right ankle and toes. CT scan showed nonunion and the patient had exhausted conservative treatment and it was recommended that the patient seek a second opinion for possible exploration of the fusion. Request for medication authorization dated 9/25/2014 was for Carisoprodol 350 mg, Norco 10, Ranitidine 150 mg, and Zolpidem 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem tab 10mg #30, 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment

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

**Decision rationale:** Based on ODG guidelines, Zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2-6 weeks) treatment of insomnia. In this case, the patient has been on Zolpidem for at least a couple of months, since a request on 9/25/2014, which exceeds the approved short-term treatment duration. Also he had a prescription for Zolpidem approved to wean off of this medication. Based on the noted available for my review, there was no diagnosis of insomnia to support the continued use of Zolpidem. Therefore, based on ODG guidelines and the evidence in this case, the request for Zolpidem 10mg # 30 with one refill is not medically necessary.