

<b>Case Number:</b>	CM14-0192032		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/08/2007
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 51 year old male with an injury date of 06/08/07. The 12/02/13 report states that the patient "reports no pain or itching at the spot of the insect bite." She has mild hypopigmentation in the right flank. "This patient is discharged/released and may return to full unrestrictive work with no need for future medical care and no ratable impairment per AMA guidelines, 5th edition." The utilization review denial letter states that the patient has multiple chronic pain complaints and lists the diagnoses as the following: Cervical spine sprain/strain Right shoulder sprain/strain Thoracic spine sprain/strain Lumbosacral spine sprain/strain with right lower extremity radiculitis Status post left knee contusion/sprain ligamentous laxity Patellofemoral arthralgia Sacroiliac joint sprain Right hip greater trochanter bursitis Blunt head trauma Headaches Dizziness Lightheadedness Hypertension Stress Anxiety and depression The utilization review determination being challenged is dated 10/25/14. There was one treatment report provided from 12/02/13 (vague report).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF ZOLPIDEM 10MG #30 (THROUGH [REDACTED]): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the 12/02/13 report, the patient "reports [of] no pain or itching at the spot of the insect bite. The request is for Zolpidem 10 mg #30. The utilization review denial letter states that the patient has been taking Zolpidem since 2010. The California MTUS and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address Ambien. Official Disability Guidelines (ODG) guidelines Mental Illness and Stress Chapter, Zolpidem (Ambien), state, "Not recommended for long-term use, but recommended for short-term use." ODG Pain Chapter further states usually two to six weeks for treatment of insomnia. ODG Pain Chapter states this medication is recommended for 7-10 days treatment of insomnia." In this case, the patient has been taking Zolpidem since 2010, which is not supported by the ODG guidelines. The requested Zolpidem is not medically necessary.