

<b>Case Number:</b>	CM14-0192844		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family 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 56years female patient who sustained an injury on6/23/2003 and 12/06/2003. She sustained the injury due to attacked by a man. The current diagnosis includes major depressive disorder and pain disorder. Per the note dated 10/7/14she had improvement with Abilify. She had pain and disability. The physical examination revealed depressed mood, congruent affect, normal muscle strength and tone, normal gait.The medications list includes Abilify, Wellbutrin, Zolpidem, alprazolam, pantoprazole, Effexor XR, pravastatin, Carisoprodol and Hydrocodone/acetaminophen. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. She has had physical therapy visits, epidural steroid injections and psychotherapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #60:** 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), Pain (Acute and Chronic), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 12/31/14), Zolpidem (Ambien®).

**Decision rationale:** Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for the treatment of insomnia is not specified in the records provided. In addition, Zolpidem is approved for short-term use only. The medical necessity of Zolpidem 10mg #60 is not fully established for this patient at this time.