

<b>Case Number:</b>	CM14-0207192		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/16/2004
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old man with a date of injury on 2/16/04. He is being treated for chronic low back pain. Records indicate a diagnosis of herniated L5-S1 disc and moderate facet arthropathy. Physical exam is notable for positive straight leg raise test and bilateral lower extremity numbness. Treatment plan includes epidural steroid injection and pain medications. Request has is being made for zolpidem 30 day supply. Review of Systems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem TAB 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 78, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition, web, Pain, Zolpidem

**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 & Stress, Zolpidem (Ambien).

**Decision rationale:** Injured workers is being treated for sleep disorder secondary to chronic pain. Official disability guidelines indicates that zolpidem is recommended for short-term use for the diagnosis of insomnia. Provided records do not demonstrate the intention for short term use. The request is therefore not medically necessary.