

<b>Case Number:</b>	CM15-0001164		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 is male, who sustained an industrial injury on 10/08/2008. On provider visit dated 11/10/2014 the injured worker has reported bilateral shoulder and bilateral knee pain. On examination he was noted to have bilateral knee and shoulder tenderness and painful range of motion. The diagnoses have included anxiety, depression, thoracic sprain/strain injury, lumbosacral disc injury, thoracic disc injury, and bilateral S1 lumbosacral radiculopathy and right thumb internal derangement. Treatment plan included current medication and refills. On 12/05/2014 Utilization Review non-certified Zolpidem tartrate 10mg and refill of Zolpidem tartrate 10mg. The CA MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem tartrate 10 mg:** 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 Chapter, Zolpidem Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter on Chronic Pain, Insomnia Treatment, section on Ambien

**Decision rationale:** This patient presents with bilateral shoulder/knee pain. The treater has asked for ZOLPIDEM TARTRATE 10MG but the requesting progress report is not included in the provided documentation. Review of records show that the patient has no history of taking Ambien. The patient has been taking an opioid, muscle relaxant, anti-epileptic, and NSAID per 11/25/14 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has a chronic pain condition but no diagnosis of insomnia. The treater does not indicate that the request is for short-term use, and the documentation does not indicate a quantity for this medication. The requested Ambien IS NOT medically necessary.

**Refill of zolpidem tartrate 10 mg:** 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 Chapter, Zolpidem Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter on Chronic Pain, Insomnia Treatment, section on Ambien

**Decision rationale:** This patient presents with bilateral shoulder/knee pain. The treater has asked for REFILL OF ZOLPIDEM TARTRATE 10MG but the requesting progress report is not included in the provided documentation. Review of records show that the patient has no history of taking Ambien. The patient has been taking an opioid, muscle relaxant, anti-epileptic, and NSAID per 11/25/14 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has a chronic pain condition, and has no history of taking Ambien. This patient, however, does not have a diagnosis of insomnia or a sleep disorder. In addition, the request is not stated to be for short-term use. Furthermore, the documentation does not indicate a quantity for this medication refill. The requested refill of Ambien IS NOT medically necessary.