

<b>Case Number:</b>	CM15-0003607		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 a 64 year old male who sustained an industrial injury on 04/01/2009. Diagnoses include chronic pain syndrome, peripheral nerve disease, degeneration of cervical intervertebral disc, spinal stenosis in cervical region; degeneration of lumbar intervertebral disc, osteoarthritis of spinal facet joint, spinal stenosis of lumbar region. Treatment to date has included medications, lumbar epidural steroid injections, and cervical epidural steroid injections. The treating provider is requesting Zolpidem 10mg (30-day supply with 5 refills, #180) Rx 12/9/14. A physician progress note dated 12/09/2014 documents the injured worker's low back pain has significantly increased, along with pain in his neck. The injured worker's pain in his low back is constant, sharp with radiation to his right leg and averages a 5-7 on a pain scale of 1-10. There is more severe pain in the right calf. His neck pain is constant, sharp and radiates to his shoulder blades and his arms, left is greater than the right. There is numbness and tingling in both hands and fingers. The injured worker has difficulty turning his head while he is driving and backing up. In a physician progress note dated 12/10/2014 it is documented the injured worker continues to have sleeping problems, 75-80% of which is attributed to his chronic back pain. On 12/26/2014 the Utilization Review non-certified the request for Zolpidem 10mg (30-day supply with 5 refills, #180) Rx 12/9/14. Cited in this decision was Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg (30-day supply with 5 refills, #180) Rx 12/9/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 5th Edition, Pain (Chronic), Zolpidem (Ambien)

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

**Decision rationale:** The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. The patient was prescribed a one month supply with five refills which exceeds the recommended limit. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. The patient saw a sleep specialist who recommended an increased dose of Pramipexole and starting Lyrica for pain control. As his poor sleep is due partly to his pain, pain control is key for improved sleep patterns. The risk of long-term use of Ambien currently outweighs benefit and is considered not medically necessary.