

<b>Case Number:</b>	CM15-0008472		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/20/2007
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Pennsylvania, Ohio, 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 a 60 year old male, who sustained an industrial injury on 8/20/2007. The diagnoses have included herniated nucleus pulposus (HNP) at L4-L5 and L5-S1, first degree spondylolisthesis, severe with spondylosis of L5 lamina bilaterally, insomnia, sleep apnea and depression. Treatment to date has included physical therapy, pain medications and epidural injections. According to the orthopedic re-evaluation from 10/24/2014, the injured worker was very stiff and guarded and his movement was slow. There was tenderness to palpation in the lower lumbar area. Surgical intervention was recommended. On 12/19/2014, Utilization Review (UR) non-certified a Zolpidem tartrate 5mg QTY 30, noting that guidelines do not support chronic usage of this medication. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem tartrate 5 mg, thirty count, provided on October 8, 2014: 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Treatment in Worker's Compensation- Pain/Insomnia Treatment

**Decision rationale:** MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers' Compensation/Pain/ Insomnia Treatment does discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.