

<b>Case Number:</b>	CM15-0009245		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/07/2015
<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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 45 year old female with an industrial injury dated 09/17/2001. Her diagnoses include shoulder pain, cervical radiculopathy, cervical pain, spasm of muscle, mood disorder, and cervical facet syndrome. Recent diagnostic testing has included x-rays of the cervical spine (05/21/2014) showing cervical spondylosis and a MRI of the cervical spine (09/05/2013) showing abnormalities at multiple levels. She has been treated with medications for several months. In a progress note dated 12/31/2014, the treating physician reports increased neck pain radiating to both arms despite treatment, and poor sleep. The objective examination revealed abnormal curvature of the cervical spine on inspection, restricted range of motion, spasms and tenderness to palpation of the paravertebral muscles of the cervical spine, decreased reflexes in the upper extremities, and positive cervical facet loading on the right side. Examination of the bilateral shoulders revealed restricted range of motion/movement. Motor strength was noted to be normal and equal in the upper extremities, and sensation was decreased bilaterally. The injured worker was noted to be alert and oriented with appropriate mood. The treating physician is requesting Intermezzo which was denied by the utilization review. On 01/07/2015, Utilization Review non-certified a prescription for Intermezzo 1.75 mg #20, noting the lack of documented details regarding the efficacy with previous use of this medication and the denial of this medication during a previous IMR review. There were no guidelines cited for this decision. On 01/15/2015, the injured worker submitted an application for IMR for review of Intermezzo 1.75mg #20.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermezzo 1.75mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem (intermezzo), insomnia treatment

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as: a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states: The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documents provided do not detail these components. This patient has chronic insomnia, and guidelines recommend against long term use of this medication. As such, the request for Intermezzo 1.75mg #20 is not medically necessary at this time.