

<b>Case Number:</b>	CM15-0102681		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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  
 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 55-year-old male, with a reported date of injury of 03/20/2006. The diagnoses include low back pain, sciatica, degeneration of the lumbar/lumbosacral spine, and sleep apnea. Treatments to date have included oral medications, injection, physical therapy, and an MRI of the lumbar spine on 10/08/2014 and 09/17/2012. The medical report dated 05/13/2015 indicates that the injured worker reported that he was still having low back pain. He rated his pain 7-8 out of 10. The pain was associated with pain and numbness radiating down the left leg. The objective findings include insomnia, an antalgic gait, a normally aligned lumbar spine, tenderness to palpation of the lumbar paraspinous muscles, slow and guarded range of motion, positive straight leg raise test, bilateral S1 and left L5 hypesthesia, an antalgic gait, and poorly performed toe and heel walk on the left. The treating physician requested Zolpidem 5mg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 5mg #15:** 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 (Online Version): Zolpidem (Ambien) and Insomnia treatment; Mental and Stress Chapter (Online version), Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, zolpidem 5 mg was being prescribed at least 2 months or more prior to this request. However, it is not known to what degree the reported insomnia was before starting this medication and also after using it, which was not included in the documentation provided for review. Regardless, this medication is not recommended for long-term use as is being prescribed. Therefore, the request is not medically necessary.