

<b>Case Number:</b>	CM15-0140947		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

This injured worker is a 65 year old male, who reported an industrial injury on 11-18-2008. His diagnoses, and or impression, were noted to include: persistence of cervical radiculopathy with cervical discopathy into the right upper extremity; compound fracture of the nose and septum; scar to upper lip; desensitization of the upper lip and bulge of lower lip; deviated nasal septum with impairment of his capacity to breathe; and bilateral carpal tunnel, severe on the right and moderate-severe on the left. No current imaging studies were noted. His treatments were noted to include medication management with genetic risk laboratory testing (8-1-13); electromyogram and nerve conduction studies (11-10-2014); dental evaluation and treatment (8-20-13); an agreed medical examination (2-26-13); and working to tolerance without restrictions. The progress notes of 6-29-2015 reported that his complaints and examination were status quo, with no objective findings noted. The physician's requests for treatments were noted to include refilling his pain and sleeping medications which were noted to include Zolpidem Tartrate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10mg #30: 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), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2008 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Zolpidem Tartrate 10mg #30 is not medically necessary and appropriate.