

<b>Case Number:</b>	CM15-0161631		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Arizona, California  
 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:

This is a 66-year-old female who sustained an industrial injury on 07-02-2010. Diagnoses include sciatica; degeneration of intervertebral disc; chronic pain syndrome; degeneration of lumbar intervertebral disc; lumbosacral spondylosis without myelopathy; knee pain; neck pain; opioid dependence and low back pain. Treatment to date has included medications, bilateral knee replacement, physical therapy, bracing, activity modification and home exercise. According to the progress notes dated 6-25-2015, the IW (injured worker) reported diffuse low back pain rated 9 out of 10. She stated her pain was managed by her medications. She was taking Norco 5 tablets a day and could not decrease her dose due to increased pain and insomnia. She was also taking Ambien and Nortriptyline. On examination, she was wheel chair dependent and had braces on both knees. She indicated she was having withdrawal symptoms when she reduced her medication. She was interested in using Suboxone to transition off Norco. A request was made for Zolpidem 10mg #30 with 1 refill, per 08/03/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30 with 1 refill qty 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was due to pain rather than a primary sleep disorder. Continued use of Zolpidem (Ambien) is not medically necessary.