

<b>Case Number:</b>	CM15-0168720		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 35 year old female, who sustained an industrial injury on October 27, 2009. The injured worker was diagnosed as having lumbar disc disease with advanced collapse and foraminal stenosis, lumbar disc herniation of L4-5, left lumbar radiculopathy, cervical sprain-strain and left knee sprain-strain. An evaluation on May 12, 2015 revealed the injured worker reported an increase in her left knee pain and rated the pain an 8 on a 10-point scale. She noted that her pain radiated to the bilateral legs. She continued to have pain in the lumbar spine with an increase in pain when lifting, bending, and stooping. On physical examination the injured worker had restricted and painful range of motion of the lumbar spine. She had a positive straight leg raise on the left. The injured worker has been using Ambien for sleep and restlessness since at least February 15, 2015. Treatment to date has included home exercise program, trigger point injections, NSAIDS, and Ambien for sleep and restlessness. A request for Zolpidem Tartrate 10 mg was received on July 13, 2015. The Utilization Review physician determined that Zolpidem Tartrate 10 mg was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Zolpidem Tartrate 10mg #30 (DOS unspecified): 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), Mental Illness & Stress Chapter, Pain (Chronic) Chapter, Section: Zolpidem (generic for Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

**Decision rationale:** Zolpidem is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduled IV controlled substances which means they have potential for abuse and dependency". In this patient, there is no clear documentation of insomnia that justifies the long term use of Zolpidem. There is no documentation of sleep study that better characterize the patient insomnia. There is no periodic objective documentation of the effect of previous use of Zolpidem on the sleep quality and the patient functionality. Zolpidem could be used as an option to treat insomnia after failure of first line medications and non pharmacologic therapies; however it should not be used for a long-term without periodic evaluation of its need. There is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. Therefore, the retrospective prescription of Zolpidem 10mg 30 is not medically necessary.