

<b>Case Number:</b>	CM15-0188452		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old male who sustained an industrial injury 06-15-10. A review of the medical records reveals the injured worker is undergoing treatment for low back pain with radicular symptoms right leg, constipation, itch side effects from medications, and adjustment disorder with depressed and anxious mood as well as chronic pain disorder. Prior treatment included home exercise program, medications [including Zolpidem which the injured worker had been taking since at least 01-15-15] and surgery (lumbar laminectomy and fusion L5-S1). Medical records, dated 07-07-15, revealed the injured worker continues to complain of severe back pain and muscle spasms. He reported a 50 % reduction and pain and 50 % functional improvement with medications. The physical exam revealed limited range of the back with palpable spasm upon muscle curvature and left and right Achilles reflex. Sensory loss is noted in the right lateral calf and bottom of his foot. There is 4/5 weakness in the right thigh on flexion and disuse atrophy noted in the right thigh and calf. The original utilization review (09-17-15) non-certified the request for Zolpidem 10 gm #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem tab 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4 (5): 487-504. 2) American Psychiatric Association Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

**Decision rationale:** Zolpidem (Ambien, Ambien CR) is a short-acting, selective gamma-aminobutyric acid (GABA) receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or GABA receptor agonist medications be used short term followed by other sedating agents such as sedating anti-depressants and atypical antipsychotics. The American Psychiatric Association guidelines note less evidence available to support treating insomnia in a depressed patient with a selective GABA agonist. This patient has been taking zolpidem for longer than 6 months. A full evaluation for the etiology for his chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.