

<b>Case Number:</b>	CM15-0210000		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: North Carolina  
 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 64 year old male who sustained an industrial injury on 3-2-09. A review of the medical records indicates he is undergoing treatment for chronic tractable low back pain secondary to multilevel degenerative disc disease at L4-5 and L5-S1 with disc protrusion and foraminal stenosis, insomnia, severe neuropathic pain, and chronic pain syndrome. Medical records (4-14-15, 6-9-15, and 8-12-15) indicate ongoing complaints of low back pain. The treating provider indicates that he takes Norco for pain as needed, which helps to maintain his function with driving, gardening, and housework. The provider states that he receives Ambien for insomnia, which is noted to be "helpful," but that he will be weaning from this "due to insurance authorization." He has been receiving Ambien since, at least, 1-9-15. No over sedation, drowsiness, dizziness, or constipation is noted. The objective findings (8-12-15) include that the injured worker is alert and oriented. Speech is noted to be "clear and coherent." Motor strength in lower extremities is "5 out of 5" throughout. Sensation is "intact" and the straight leg raise test is negative. The treatment plan is to continue Norco. A prescription for Ambien was given, which is noted to be decreased in the number of pills dispensed to "start to decrease dose." The provider states "discussed sleep hygiene techniques." The utilization review (10-15-15) includes a request for authorization of Zolpidem tartrate 10mg #30. The determination indicates that the request was "modified" to Zolpidem tartrate 10mg "to #25."

### 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. The Official Disability Guidelines recommend pharmacological agents for insomnia are only used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia. However, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.