

<b>Case Number:</b>	CM15-0022883		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/14/1999
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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 60 year old male, who sustained an industrial injury on 2/14/1999. On 2/6/15, the injured worker submitted an application for IMR for review of Zolpidem. The treating provider has reported on notes dated 12/1/14, the injured worker complained of a sleep disorder due to back pain. The diagnoses have included intractable discogenic low back secondary to degenerative disc disease L5-S1. Treatment to date has included MRI lumbar spine (2/28/14), EMG/NCS lower extremities, Provocative lumbar discogram /CT scan (5/23/14). On 1/20/15 Utilization Review MODIFIED Zolpidem 5MG #30 for the opportunity for submission of medication compliance including ongoing efficacy. The ODG Guidelines and Mosby's Drug Consult were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain procedure summary and on Mosbys Drug Consult

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

**Decision rationale:** MTUS Guidelines do not address this issue, but ODG Guidelines address this issue in detail. The updated versions of the ODG Guidelines support the long term use specific hypnotic medications for insomnia due to chronic pain. However, Zolpidem is not one of the supported medications for long term use. Guidelines specific recommend limiting use to a few weeks on a regular basis. Alternative medications are documented in the Guidelines and there is no evidence that these have been trial. There are no unusual circumstances to justify an exception to Guidelines. The Zolpidem is not medically necessary.