

<b>Case Number:</b>	CM15-0026232		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 56 year old male, who sustained an industrial injury on 4/12/2010. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Psychiatric evaluation (10/12/2014) was documented to contain diagnoses of pain disorder, major depressive episode, and anxiety disorder). Treatment to date has included surgical intervention (L3-4 level fusion, left L4 hemilaminectomy and foraminotomy on 10/15/2010) and conservative measures. Currently, the injured worker complains of persistent low back and lower extremity pain, rated 2/10. He also reported difficulty sleeping, waking up every few hours. His medication was helpful but did not allow him to sleep throughout the night. He also reported increased depression and anxiety. He was alert and pleasant. Tenderness and spasm was noted in the lumbar paraspinal muscles. Range of motion was decreased due to pain. Prescriptions included Tramadol, Lunesta for difficulty sleeping due to pain, and Ambien for difficulty sleeping due to pain. He reported that Lunesta worked better than Zolpidem, but had difficulty with authorization, and requested Zolpidem be continued. Psychiatric treatment plan was documented to include Effexor and Ativan. The progress note, dated 11/05/2014, noted that samples of Celebrex and Skelaxin were given. On 1/26/2015, Utilization Review modified a request for Zolpidem 10mg #30 to Zolpidem 10mg #20, for the purpose of tapering to cessation by decreasing dosage by 10% every 2-4 weeks (certified duration 3 months to achieve wean), noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpiderm 10mg quantity 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 (ODG), Treatment Index, Pain-insomnia treatment

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

**Decision rationale:** MTUS Guidelines do not address the issue of hypnotic mediations. ODG Guidelines address this issue in detail and under specific circumstances the updated Guidelines support the long term use of select hypnotic medications. However, Zolpidem is not one the recommended medications for long term use with recommended use limited to a few weeks for nightly use. The long term nightly use of Zolpidem 10mg #30 is not supported by Guidelines and is not medically necessary.