

<b>Case Number:</b>	CM15-0219977		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Texas, Illinois

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 female, with a reported date of injury of 06-12-2012. The diagnoses include significant disc herniations at T6-9 with broad-based central canal compression within spinal cord both anteriorly and posteriorly with myelomalacia extending from T5-10, significant disc herniation at C5-6 level causing spinal cord compression and myelomalacia, and L3-S1 discogenic changes with foraminal stenosis at L4-S1 bilaterally. The neurosurgical evaluation report dated 08-20-2015 indicates that the injured worker presented with overall worsening of symptoms with worsening instability when walking. She used a cane at all times. It was noted that she had numbness and weakness in both arms and legs, and headaches. The medical report dated 05-21-2015 indicates that the injured worker complained of severe mechanical axial neck pain, headaches, and arm radiculopathies including pain, numbness, and weakness, which improved a little bit with a recent carpal tunnel release. She also had severe mid back pain and numbness. The physical examination (08-20-2015) showed slow walking; a wide-based gait; cervical extension at 10 degrees and 30 degrees in all directions; normal strength in the bilateral deltoid muscles; lower extremity strengths were limited by pain; and sensation to light touch was symmetrical down from the mid bony region all the way down all dermatomes of the lower extremities. It was noted that the injured worker had new MRIs of the cervical, thoracic, and lumbar spines which showed significant disc herniations in the mid-cervical spine T6-7, T7-8, and T8-9 with marked spinal cord compression both anteriorly and posteriorly, disc herniations at C5-6 which caused significant nerve compression and spinal cord deformation, some increase in the herniation centrally at the C6-7 with some mild foraminal

stenosis, and discogenic changes from L3-S1 with moderate foraminal stenosis at L4-S1. Treatments and evaluation to date have included physical therapy, Vicodin, Norco, Prilosec, Flexeril, Diclofenac, Ambien (since at least 08-2015), functional capacity evaluation on 11-24-2014, and carpal tunnel release surgery in both wrists in 10-2014 and 12-2014. The treating physician requested Zolpidem 10mg #30, one per night at bedtime, to help with the injured worker's symptoms. On 11-02-2015, Utilization Review (UR) modified the request for Zolpidem 10mg #30 to Zolpidem 10mg #20.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem 10 mg #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), Zolpidem.

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

**Decision rationale:** The injured worker sustained a work related injury on 06-12-2012. The diagnoses include significant disc herniations at T6-9 with broad-based central canal compression within spinal cord both anteriorly and posteriorly with myelomalacia extending from T5-10, significant disc herniation at C5-6 level causing spinal cord compression and myelomalacia, and L3-S1 discogenic changes with foraminal stenosis at L4-S1 bilaterally. Treatments have included Zolpidem 10 mg #30. The medical records provided for review do not indicate a medical necessity for Zolpidem 10 mg #30. The MTUS is silent on this medication, but the Official Disability Guidelines states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The records indicate the injured worker has been using this medication for a long time, therefore is not medically necessary.