

<b>Case Number:</b>	CM15-0221144		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58 year old female, who sustained an industrial injury on 09-28-2010. The injured worker was diagnosed as having arthralgia of right shoulder region, cervicalgia, myofascial pain syndrome and persistent insomnia. On medical records dated 09-22-2015, the subjective complaints were noted as shoulder pain. Objective findings were noted as back paraspinal tenderness over T1-3 and superiorly over right trapezius. Per documentation the injured worker experiences insomnia due to shoulder pain. No sleep hygiene was noted. Treatment to date included medications. Current medications were listed as Celebrex and Zolpidem Tartrate (since at least 04-2015). The Utilization Review (UR) was dated 10-16-2015. A Request for Authorization was dated 09-23-2015. The UR submitted for this medical review indicated that the request for Zolpidem Tartrate 10 mg #30 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 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 Chapter, under Zolpidem.

**Decision rationale:** The patient presents on 09/22/15 with upper back pain. The patient's date of injury is 09/28/10. The request is for Zolpidem Tartrate 10mg #30. The RFA is dated 09/23/15. Physical examination dated 09/22/15 with tenderness to palpation to the T1-T3 levels superiorly over the right trapezius. The patient is currently prescribed Ambien and Mobic. Patient's current work status is not provided. Official Disability Guidelines, Pain Chapter, under Zolpidem (Ambien) states: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. In regard to Ambien for this patient' insomnia secondary to chronic pain, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 04/22/15. While this patient presents with significant chronic pain and associated insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to prior use does not imply the intent to utilize this medication for 7-10 days. Therefore, the request is not medically necessary.