

<b>Case Number:</b>	CM15-0036289		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New Jersey

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 (IW) is a 45 year old male who sustained an industrial injury on 12/30/2004. He has reported chronic pain status post lumbar surgery. Diagnoses include back pain, lower, numbness and tingling, myofascial pain, lumbosacral or thoracic neuritis. Treatment to date includes epidural steroid injections, and medications for pain and depression. A progress note from the treating provider dated 01/15/2015 indicates the IW rates his pain as an 8 on a scale of 10, and complains of depression, sleep disturbance and difficulty with concentration. Examination shows abnormal gait, and the worker uses a cane for ambulation. He has tenderness to palpation of the lumbar spine, and has decreased strength in the quads bilaterally. Treatment Plan includes updated lumbar MRI, Naproxen, omeprazole, psychiatrist medication evaluation and evaluate for a spinal cord stimulator and follow-up, and continuation of home exercise program. On 02/10/2015 Utilization Review non-certified a request for Zolpidem 10mg. Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Insomnia Treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg:** 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, 12th Edition (web), 2014, Pain, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics AND Pain section, Ambien and insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, who has been suffering from "sleep issues" and taking zolpidem chronically, there was no recent report seen in the documentation showing the measurable functional gains directly related to the regular use of zolpidem, which might have helped justify its continuation. However, the request for zolpidem appears to be intended for continuation of chronic use, although the number of pills was missing on the request, and chronic use is not recommended for this class of medication. Therefore, zolpidem will be considered medically unnecessary. Weaning may be indicated.