

<b>Case Number:</b>	CM15-0087415		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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 is a 30 year old female, who sustained an industrial injury on 2/3/2014. She reported being hit by a truck; she suffered traumatic brain injury. Diagnoses have included post-traumatic stress disorder, major depression, single episode, severe and cognitive disorder not otherwise specified. Treatment to date has included psychiatric treatment and medication. According to the progress report dated 4/13/2015, the injured worker had problems with mobility and ambulation and was having chronic pain in her low back, hip and right leg. She complained of radicular cervical pain down both upper extremities. She had symptoms of post-traumatic stress disorder including distressing, intrusive memories of the accident, flashbacks about the accident and treatment afterwards and frequent nightmares with inability to initiate and maintain sleep continuity. She had nervousness with exaggerated startle response and avoidance of people, places and things, which trigger memories of the accident. She was also very depressed. She was noted to have a partial response to the initiation of Brintellix with improved mood and reduced fear of leaving home. She reported nightmares about three times a week for which Prazosin was prescribed but was not started yet. Objective findings revealed slow and hesitant speech. Her mood was mildly depressed and anxious. The treatment plan was for outpatient psychiatric visits once a month. Authorization was requested for Brintellix, Zolpidem and Prazosin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 5 mg one by mouth at bedtime as needed, #30, with two refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

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

**Decision rationale:** The Official Disability Guidelines comment on the use of sedative/hypnotic medications (sleeping pills) as a treatment modality. These guidelines state the following: Zolpidem is a prescription short-acting nonbenzodiazepine 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 this case, the records indicate that Zolpidem is being used as a long-term treatment strategy for this patient's insomnia. Long-term use is not consistent with the above cited Official Disability Guidelines. For this reason, Zolpidem is not medically necessary.