

<b>Case Number:</b>	CM15-0088200		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 56 year old male injured worker suffered an industrial injury on 10/03/2002. The diagnoses included major depression, severe with psychotic symptoms, chronic low back pain with sciatica, probable right lumbar radiculopathy, and lumbar fusion. The injured worker had been treated with medications. On 4/27/2015, the treating provider reported significant problems initiating sleep without the use of Zolpidem, which is throwing his sleep cycle far into the night and causing him difficulty awakening at a reasonable hour. He continues to complain of pain in both knees and his low back pain and major depression associated with fatigue and apathy. The treatment plan included Zolpidem. The medications listed are Abilify, Norco, Fentanyl, Mobic, Cialis, Tizanidine, Nurvigil and mixed amphetamine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg quantity 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 Official Disability Guidelines, Pain, Zolpidem.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain  
Chapter Hypnotics / Sedative.

**Decision rationale:** The CA MTUS and the OD guidelines recommend that sleep medications can be utilized for short term periods when sleep hygiene and non medication treatment measures have failed. The chronic use of sleep medications can be associated with the development of daytime somnolence, dependency, addiction, sedation and adverse interaction with other sedative agents. The records show that the patient is utilizing opioids with multiple sedative medications concurrently. The patient is also utilizing Abilify, Nurvigil and amphetamines to treat medication induced somnolence and sedation. The guidelines recommend that the sleep medications be utilized for short term treatments of less than 4 weeks. The criteria for the use of Zolpidem 10mg #30 with 2 refills was not met. Therefore, the requested treatment is not medically necessary.