

<b>Case Number:</b>	CM15-0088470		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: 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:

This 55 year old male sustained an industrial injury to the neck and back on 6/3/11. Past medical history included diabetes mellitus, peripheral neuropathy and chronic renal failure. The injured worker was currently receiving treatment for a foot ulceration due to irritation from his ankle foot orthotic. In a podiatry PR-2 dated 1/9/15, the physician noted that the injured worker was instructed by his nephrologist to stop all medications except diabetes mellitus pills, Lasix and Tactinal. The injured worker had been cleared for surgical repair of Charcot fracture of the foot. In a PR-2 dated 2/19/15, the injured worker complained of constant low back and neck pain rated 8/10 on the visual analog scale associated with loss of sleep due to pain. Physical exam was remarkable for decreased range of motion to the cervical spine and lumbar spine with positive bilateral straight leg raise. Current diagnoses included cervical disc syndrome, cervical spine radiculopathy, cervical spine sprain/strain, lumbar spine degenerative disc disease with myelopathy, lumbar spine radiculopathy, lumbar spine sprain/strain and other insomnia. The treatment plan included acupuncture, chiropractic therapy, urinalysis and topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Insomnia Treatment.

**Decision rationale:** MTUS Guidelines do not address this issue. Updated ODG Guidelines address this issue and support the long-term use of specific hypnotic medications for insomnia associated with chronic pain. However, Zolpidem is not one of the medications recommended for long-term use. Guidelines recommend use of Zolpidem be limited to a few weeks. Alternatives are supported for longer-term use. There are not unusual circumstances to justify an exception to Guidelines. The Zolpidem 5mg. #30 is not supported by Guidelines and is not medically necessary.