

<b>Case Number:</b>	CM14-0213151		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/06/2004
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 & Rehabn

### 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 patient is a 52 year old male with the injury date of 12/06/04. Per physician's report 12/03/14, the patient has low back pain at 7/10 with medication and 8.5/10 without medication. His lumbar flexion is 70 degrees, extension is 20 degrees and lateral bending is 15 degrees bilaterally. The patient is scheduled to see a neurologist on 12/28/14. The patient is currently taking Paroxetine, Ambien CR, Gabapentin, Oxycodone, Flexeril, Lorazepam and Metformin. The lists of diagnoses are: 1) Spinal/ lumbar DDD. 2) Disc disorder lumbar. 3) Low back pain. 4) Depressive disorder nec. 5) Spasm of muscleMRI of the lumbar spine from 11/29/14 demonstrates. 1) broad based posterior and left paracentral as well as foraminal herniation of L5-S1. 2) 6mm broad based posterior herniation at L4-5. 3) 6mm broad based posterior herniation at L3-4. "The patient has increased function with medications. He is able to be independent with his ADLs and do chores." Per 11/06/14 progress report, the patient has low back pain at 7.5/10 with medication and 9.5/10 without medication. "Flexeril reduced muscle spasms from 6/10 to 4/10." The patient has difficulty sleeping because of pain. Per 07/11/14 progress report, "the patient is able to sleep for 6-7 hours without waking up with Ambien and 4 hours of fragmental sleep without it." The utilization review determination being challenged is dated on 12/08/14. Treatment reports were provided from 07/11/14 to 12/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10mg TA, per 12/4/14 RFA qty; 30.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary, Ambien for insomnia: Zolpidem [Ambien® (generic available), Ambien CR]

**Decision rationale:** The patient presents with constant pain in his lower back. The request is for Zolpidem Tartrate 10mg #30. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the patient has utilized Zolpidem tartrate for his insomnia since at least 07/11/14. ODG does not recommend long-term use of this medication, this request is not medically necessary.