

<b>Case Number:</b>	CM15-0013602		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 60 year old woman sustained an industrial injury on 8/12/2009. The mechanism of injury was not detailed. Current diagnoses include cervical C5-C6 disc herniated nucleus pulposus, L4-L5 and L5-S1 listhesis with degenerative disc disease, bilateral carpal tunnel syndrome, and hand and wrist tendonitis. Treatment included oral medications and surgical intervention. Physician notes dated 11/14/2014 show complaints of low back pain, waist pain, left leg and ankle pain, neck pain, and hand pain. Recommendations include Norco, Ambien, and repeat lumbar x-rays. On 1/6/2015, Utilization Review evaluated a prescription for Zolpidem 10 mg #30, that were submitted on 1/23/2015. The UR physician noted there are no clinical documents to confirm a diagnosis of insomnia. MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, Ambien/Zolpidem

**Decision rationale:** The patient presents with unrated "aching" lower back pain, pain in the waist rated 9/10, pain in the left leg and left ankle rated 9/10, and hand pain rated 8/10. The patient's date of injury is 08/12/09. Patient is status post L4-S1 lumbar spinal fusion surgery on 10/11/14. The request is for ZOLPIDEM 10MG #30. The RFA is dated 11/14/14. Physical examination dated 11/14/14 reveals a well healed anterior incision, in-place staples on the posterior surgical incision with mild swelling noted at that location. Neurological examination revealed decreased L4-L5 sensation to the left lower extremity. Bilateral 1+ pitting edema is also noted to the bilateral lower extremities. The patient is currently prescribed Norco, Lisinopril, Ibuprofen, and Levothyroxine. Diagnostic imaging was not included, though progress report 11/14/14 discusses findings of in-office radiograph, noting: "hardware is in good position with no signs of loosening." Patient is temporarily totally disabled. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In regards to the request for Zolpidem, treater has exceeded the recommended therapeutic duration. While this patient presents with significant intractable pain secondary to her recent surgical procedure, the requested 30 Zolpidem exceeds guidelines which indicate a duration of 7-10 days for this medication. Furthermore, progress notes do not specifically discuss any sleep complaints. Therefore, the request IS NOT medically necessary.