

<b>Case Number:</b>	CM15-0119633		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/13/2002
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

The injured worker is a(n) 58 year old male, who sustained an industrial injury on 1/13/02. He reported pain in the lower back. The injured worker was diagnosed as having intractable lumbar pain and lumbar radiculopathy. Treatment to date has included multiple lumbar surgeries, a spinal cord stimulator, lumbar x-rays, Tramadol, Norco, Docuprene and Neurontin. There is no documentation of sleep quality with medications or a sleep disturbance caused by pain. As of the PR2 dated 5/20/15, the injured worker reports low back pain. He rates his pain an 8/10. Objective findings include spasms and tenderness along the lumbar spine and a positive straight leg raise test. The treating physician requested Zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective Zolpidem Tartrate 5/22/15 to 5/22/16: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental and stress chapter, pain chapter.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective Zolpidem tartrate May 22, 2015 through May 22, 2016 is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are history of multiple lumbar surgeries; intractable lumbar pain; lumbar radiculopathy; hypertension and diabetes. The date of injury is July 13, 2002. The earliest progress note in the medical record is dated January 28, 2015. Current medications include Norco and gabapentin. Norco and gabapentin were continued February 25, 2015, April 22, 2015 and May 20, 2015 (the most recent progress note). There is no documentation in the medical record of sleep difficulties or insomnia. There is no documentation of prescribing Zolpidem (Ambien) in the medical record. There is no clinical indication or rationale for Zolpidem. Consequently, absent clinical documentation with prescriptions for Zolpidem tartrate and documentation of sleep disorder or insomnia, retrospective Zolpidem tartrate May 22, 2015 through May 22, 2016 is not medically necessary.