

<b>Case Number:</b>	CM15-0174615		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Montana

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:

The injured worker is a 64 year old male, who sustained an industrial injury to the low back on 05-15-2012. The diagnoses have included back pain, thoracic spine degenerative joint disease, facet degenerative joint disease, lumbar degenerative joint disease, lumbar spine bilateral radiculopathy, and status post back surgery on 09-22-2014. Treatment to date has included medications, diagnostics, ice, heat, epidural steroid injection, physical therapy, and surgical intervention. Medications have included Tramadol, Soma, Gabapentin, and Edluar. A progress report from the treating physician, dated 07-09-2015, documented complaints of moderate back pain and mid back pain with radiation of pain to both legs. Aggravating factors included lifting, bending, and standing. Prior treatments included hot packs, ice packs, and exercises with some noted improvement with therapy. He received an epidural steroid injection with no relief and moderate to severe pain is reduced with medications when available. Objective findings included tenderness of the lumbar spine at L4 and L5, paraspinal spasm at right and left side, trigger points and decreased range of motion. There was calf weakness, a positive straight leg raise test and a positive Romberg test. The treatment plan has included the request for Edluar 10mg #30 with 3 refills. The original utilization review, dated 08-07-2015, modified a request for Edluar 10mg #30 with 3 refills, to Edluar 10 mg at a quantity of 20 tablets with 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Edluar 10mg #30 with 3 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 Chapter. Zolpidem.

**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, Zolpidem.

**Decision rationale:** The MTUS does not address the use of Edluar (zolpidem). The ODG guidelines note that zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Continuous release preparations offer no significant clinical advantage over regular release zolpidem. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem was discontinued and maintenance CBT continued. Due to adverse effects the FDA now requires lower doses for zolpidem. Even at the lower doses now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the medical records document use Edluar since February 2015, well beyond the two to six weeks (short-term) recommendation for treatment. The current request is for an additional 4 month supply. There is no documented diagnosis of insomnia, discussion of sleep hygiene, or CBT as noted above. The request for Edluar 10mg #30 with 3 refills is not consistent with ODG recommendations and is not medically necessary.