

<b>Case Number:</b>	CM15-0023748		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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:

The injured worker is a 58 year old male, who sustained an industrial injury on July 5, 2012. The injured worker has reported neck, right elbow, back and ribcage pain. The diagnoses have included cervicalgia, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, degeneration of the lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy and chronic pain syndrome. Treatment to date has included medication management, a home exercise program, transcutaneous electrical nerve stimulation unit, ice treatment and physical therapy sessions. The physical therapy sessions were noted to be beneficial. Current documentation dated May 9, 2014 notes that the injured worker reported low back pain with intermittent radiation down both legs and swelling in both lower extremities. He also reported neck pain, dizziness, headaches and anxiety. Physical examination of the neck and upper extremities revealed tenderness in the bilateral paracervical muscles and trapezius muscles. Range of motion was decreased. Examination of the elbow and wrists was unremarkable. Lumbar spine examination revealed tenderness and a decreased range of motion. On January 19, 2015 Utilization Review non-certified a request for Zolpidem 5 mg # 30. The Official Disability Guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review for Zolpidem 5 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tab 5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** The patient presents with neck, right elbow, back and ribcage pain that he rated at a 3-4/10 on treater report dated 12/02/14. The request is for ZOLPIDEM 5MG #30. The diagnoses have included cervicalgia, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, degeneration of the lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy and chronic pain syndrome. Patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. (Feinberg, 2008)"Zolpidem has been included in patient's medication on treater reports, 01/05/15 and 02/02/15. On report 02/02/15, treater states request is for "pain induced insomnia". ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Furthermore, the request for an additional quantity 30 does not indicate intended short-term use of this medication. The request is not inline with guideline indications. Therefore, the request IS NOT medically necessary.