

<b>Case Number:</b>	CM15-0026514		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/30/2002
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old male, who sustained an industrial injury on 5/30/2002. The diagnoses have included trochanteric bursitis. Treatment to date has included injection and medication. Surgical history included a left reverse shoulder replacement. According to the progress note dated 1/8/2015, the injured worker had complaints of pain in his left knee and left shoulder. He reported that prolonged standing or walking hurt his knees; using his arm with lifting and carrying hurt his shoulder. Objective findings revealed incisions satisfactory, motion satisfactory and strength reasonable. He was advised to progress activities slowly as symptoms permitted. A visit note dated 8/7/2014, noted that he injured worker described localized, lateral hip pain. Physical exam revealed localized tenderness over the trochanter. The injured worker was provided with a lidocaine and cortisone shot to his trochanteric bursa. On 2/3/2015, Utilization Review (UR) non-certified a request for Zolpidem (Ambien CR tablet, coated) 12.5mg. The Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem (Ambien CR tablet, coated) 12.5mg: 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), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

**Decision rationale:** According to ODG guidelines, “Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency”. Zolpidem is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Zolpidem 12.5mg is not medically necessary.