

<b>Case Number:</b>	CM15-0069322		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 60 year old female, who sustained an industrial injury on 2/27/2007. The current diagnoses are lumbosacral strain, arthrosis, and discopathy with spondylolisthesis L4 on L5, status post lumbar spine surgeries, severe degenerative arthrosis of the bilateral knees, sleep disturbance, and obesity. According to the progress report dated 3/11/2015, the injured worker complains of low back pain and bilateral knee pain, left greater than right. The current medications are Tylenol #3, Ibuprofen, and Zolpidem. Treatment to date has included medication management, activity modification, physical therapy, MRI studies, aqua therapy, rhizotomy, epidural steroid injection, and surgical intervention. The plan of care includes prescription refill for Zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg:** 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), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

**Decision rationale:** ODG states: Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for Zolpidem 10mg does not specify a quantity and thus is not medically necessary.