

<b>Case Number:</b>	CM15-0094444		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/01/1995
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 72 year old female patient, who sustained an industrial injury on August 1, 1995. The diagnoses include cervicalgia, lumbago, myofascial pain, chronic pain syndrome, opioid dependence, bipolar disease, anxiety, depression, and insomnia. Per the note dated April 29, 2015, she had complains of chronic intractable neck and back pain. The pain was described as distressing, miserable, agonizing, and annoying. Her pain was rated 6/10. Her opioid medications adequately control her pain. She reported 6-8 hours of uninterrupted sleep without difficulty falling asleep and staying asleep. She was not awakened by pain. She was stable on the antidepressant and antipsychotic medications she takes for bipolar disease. There was documentation that she has no sleep difficulties in the review of systems. The physical exam revealed an appropriate mood and affect, neck range of motion only limited by her body habitus, limited lumbar range of motion due to her body habitus, and she walked with a somewhat flexed posture without a walking aid. The medications list includes norco, oxycontin, doxepin, fiorinal and soma. Treatment to date has included a home exercise program and medications. The requested treatments include Zolpidem and Doxepin concentrate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg tablets quantity: 30: 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, Official Disability Guidelines (ODG): Mental Illness & Stress - Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Pain (updated 06/15/15) Zolpidem (Ambien).

**Decision rationale:** Request: Zolpidem 10mg tablets quantity: 30. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the 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, 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 a concern that they may increase pain and depression over the long-term." Per the notes, the reported 6-8 hours of uninterrupted sleep without difficulty falling asleep and staying asleep. She was not awakened by pain. The effect of other medications that she has been prescribed like doxepin and soma on her sleep was not specified in the records provided. A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The Zolpidem 10mg tablets quantity: 30 is not medically necessary for this patient at this time.