

<b>Case Number:</b>	CM15-0097123		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	06/04/2002
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Alabama, 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 54 year old female, who sustained an industrial injury on June 4, 2002. She reported jumping over an irrigation canal with injury to her left knee. The injured worker was diagnosed as having major depressive disorder single episode in partial remission, drug induced constipation, and chronic left knee pain and instability. Treatment to date has included left knee surgeries, psychiatric treatment, MRIs, home exercise program (HEP), and medication. Currently, the injured worker complains of left foot pain, pain in the left knee, and mild symptoms of depression. The Treating Physician's report dated April 27, 2015, noted the injured worker with a brighter mood with clear sensorium and affect broad and appropriate. The Physician noted the injured worker's depressive disorder was stable, tolerating a reduction in her Sertraline made in February 2015, with recommendation to continue her current medications. The treatment plan was noted to include prescribed medications, including Bupropion XL, Gabapentin, Sertraline, and Zolpidem, with reduction in frequency of visits from three to four months in view of her stability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 5mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Zolpidem (Ambien); Pain (Chronic), Insomnia Treatment.

**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:** Zolpidem is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. 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 mean they have potential for abuse and dependency." Zolpidem could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its need. There is no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue if there is any. Therefore, the prescription of Zolpidem 15mg #15 is not medically necessary.