

<b>Case Number:</b>	CM14-0103398		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/04/1987
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 05/04/1987 when struck by falling object. The injured worker was diagnosed with mixed insomnia, atypical facial pain, trigeminal neuralgia, transformed migraine, and nerve injury. The injured worker was treated with medications and acupuncture. Laboratory monitoring was performed on 01/23/2014. The clinical note dated 04/11/2014 noted the injured worker complained of pain in the left side of the head rated 4-8/10. The injured worker stated she felt depressed, anxious, and stressed. The injured worker required moderate assistance from others to complete activities of daily living. The injured worker was prescribed Lunesta 2mg three times a week which was stopped on 05/11/2014 as indicated. The treatment plan was for Zolpidem 12.5mg #30 with 5 refills. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 12.5mg #30 w 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Zolpidem and Insomnia Treatment.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Mental and Stress, Zolpidem and Insomnia Treatment. The Expert Reviewer's decision rationale: The injured worker is diagnosed with mixed insomnia. The Official Disability Guidelines do not recommend Zolpidem for long-term use, but recommended for short-term use. The guidelines also state "non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7-10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance." The injured worker has documentation of utilizing Lunesta 2mg from 04/11/2014 to 05/11/2014, Ambien CR 5mg from 02/19/2014 to 03/19/2014 and from 01/08/2014 to 02/08/2014. The injured worker has been prescribed Zolpidem since 01/08/2014 without documentation of a change to her sleep onset and/or sleep maintenance. The continued use of Zolpidem would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant improvement in sleep onset, duration, and a decrease in next day symptoms with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Zolpidem 12.5mg #30 with 5 refills is not medically necessary.