

<b>Case Number:</b>	CM14-0156723		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Geriatrics and is licensed to practice in New York. 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 42 year old man with a date of injury of 8/15/12. He was seen by his orthopedic physician on 6/9/14 with complaints of low back pain. He is status post lumbar epidural injection times two with temporary relief. His medical consultations and prior exams were reviewed as was an MRI from 2012. A follow up MRI was felt appropriate to substantiate the subjective findings with strong consideration of surgical intervention. There is also a document from the primary treating physician which requests authorization for tramadol and zolpidem but no accompanying note in the available records. Length of prior therapy is not documented in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Trtrate 10mg #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, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - zolpidem

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive general advice regarding sleep hygiene. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien. Therefore the request is not medically necessary.