

Case Number:	CM13-0007935		
Date Assigned:	03/24/2014	Date of Injury:	04/27/2007
Decision Date:	06/02/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

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, and is licensed to practice in California. 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 patient is an employee of the [REDACTED] and has submitted a claim for an industrial injury date of April 27, 2007. A utilization review from July 25, 2013 denied the request for zolpidem due to long-term use. Treatment to date has included psychotherapy and medications. Medical records from 2013 reviewed showing the patient being referred to a psychiatrist. The patient has reached a permanent and stationary status and is currently or taking in supportive psychotherapy and medication management. There were no discussions concerning the patient's current status or complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RETROSPECTIVE PRESCRIPTION OF ZOLPIDEM 10MG #30 DOS: 5/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

Decision rationale: The ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking Zolpidem as far back as 2012. However, the documentation provided for review did not indicate functional gains from the use of Zolpidem. In addition, there was no discussion concerning the patient's sleep hygiene. Therefore, the request for Zolpidem is not medically necessary and appropriate.