

Case Number:	CM13-0008610		
Date Assigned:	04/23/2014	Date of Injury:	04/03/1998
Decision Date:	06/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

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, has a subspecialty Pain Medicine and is licensed to practice in Texas and 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 patient is a 66 year old female who was injured on 4/3/1998. The diagnoses listed are knee pain, low back pain, and left shoulder pain and muscle spasm. There is associated diagnosis of anxiety. The patient had completed left ankle and bilateral knees surgeries. The medications listed are Naproxen, Hydrocodone and Tramadol for pain and Tizanidine for muscle spasm. The patient is utilizing Zolpidem 10mg daily but there was no detail on the indication or duration of treatment in the most recent medical record dated 5/21/2013 by [REDACTED]. There was a past treatment of the anxiety with Alprazolam. A Utilization Review decision was rendered on 7/19/2013 recommending non certification for Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10 MG #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, Chapter Pain.

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

Decision rationale: The California MTUS Guidelines did not address the use of sedative and hypnotics in the treatment of insomnia associated with chronic pain. The chronic use of sedatives

and hypnotics are associated with the development of tolerance, dependency, habituation, addiction and adverse interaction with narcotic medications. The Official Disability Guidelines (ODG) recommend that the use of sleep medications be limited to less than 4-6 weeks of treatment. Zolpidem is a short acting non benzodiazepine hypnotic that can be utilized for short term treatment of insomnia that did not respond to non medication management. It is necessary to institute proper sleep hygiene measures during the treatment of insomnia. In this case, the available records did not have details on the indications or duration of treatment with zolpidem. Therefore, the request for Zolpidem 10 mg # 30 is not medically necessary and appropriate.