

Case Number:	CM13-0015421		
Date Assigned:	12/18/2013	Date of Injury:	08/17/2001
Decision Date:	01/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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. 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 59-year-old male with the date of injury of August 17, 2001. The physician has some of the request for prescription of Norco and a prescription of Zolpidem. According to the notes, the patient is having ongoing right shoulder pain, right elbow pain, right wrist pain, and right upper extremity pain. He has been diagnosed with right shoulder bursitis, right shoulder impingement, right shoulder sprain, right shoulder derangement, right elbow pain and right elbow derangement. He had right elbow surgery in 2004, right wrist surgery in 2005, left knee arthroscopy and left elbow surgery in the 1980s. He had left wrist surgery in 2012. He has been using opioids since June 2012. The most recent report also noted that the patient was experienced decreased sleep. 

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Zolpidem 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines state that Zolpidem is a prescription short acting non benzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. These medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribing chronic pain, pain specialist rarely, if ever, recommended for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concerned that they may increase pain and depression over the long-term. According to the medical records, the patient's report of decreased sleep is a relatively new complaint with no prior treatment noted. Although the guidelines do not recommend Zolpidem for long-term use, the guidelines do approve this medication for between 2 and 6 weeks. The original request was for Zolpidem, unspecified quantity and duration. The requested quantity and duration of Zolpidem prescription is not mentioned in the medical records. Therefore, the medical necessity for potentially unlimited Zolpidem is the request as stated on the IMR application. Zolpidem is only recommended for short-term use- not potentially unlimited longer-term use. The provider has not mentioned that the drug will be used only in the short-term and delineated the exact quantity and duration of Zolpidem use. Therefore, the request as indicated in the medical records does not meet established guidelines for Zolpidem use. .