

Case Number:	CM13-0016957		
Date Assigned:	10/11/2013	Date of Injury:	01/28/2009
Decision Date:	03/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

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 Pain Management has a subspecialty in Disability Evaluation 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 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.

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 56 year old female who was employed full time as a packer and sorter of fruit for [REDACTED] for about 20 years. She worked full time without restriction until February 14, 2011 when she was terminated with a number of others in a large layoff of female employees. The patient states she was injured due to cumulative trauma from her date of employment up until she was laid off. She states that she injured her neck, mid back, low back and both hands. On 1/28/2009 she filed a claim for bilateral hand pain which had been present and progressing for an unspecified length of time before the date of report. She had no specific injury on that day. She was evaluated and given the diagnosis of bilateral carpal tunnel syndrome, worse on the right than the left. This diagnosis was confirmed with electrodiagnostic studies. When she failed to respond to non-surgical treatment, she was referred to an orthopedist, and underwent right carpal tunnel release on 04/20/10. After surgery she says that her hand continued to bother her and she developed triggering of the thumb. A second electrodiagnostic study was normal. She saw a different hand surgeon who confirmed triggering of the thumb, and she underwent surgical release of the A1 pulley on 02/16/11. After she was terminated, she filed a second claim for cumulative trauma to the hands, wrists, shoulders and spine. This was later amended to also include arms, wrists, hands, fingers, and psyche, as well as gastrointestinal and insomnia. She was evaluated by [REDACTED], who obtained imaging studies of the cervical and lumbar spine, and referred her to a pain management physician. She says that [REDACTED] has told her that she may need surgery on her back. Discussing her claim for multiple areas of pain, she says that her shoulders and elbows have begun bothering her at about the same time that her hands did. At some point she had several injections into the right posterior shoulder girdle muscles that sound like trigger point injections, and these provided only minimal short term relief. Since she has stopped working, her all of her upper extremity symptoms by and large are better, but they are

still present. She says she has learned to control the level of her symptoms by controlling the pace and duration of the activities she does on a daily basis. In 2006, she says that she fell at work and landed on her buttocks. And then fell backwards against the floor. She says after that fall she developed pain in her low back and left leg. She says she reported it and was evaluated for it, but was told that nothing was wrong. Because of continuing complains she sought treatment from her personal chiropractor, but made no other attempt to get treatment or follow-up until after she had been laid off. Over time she says that her right leg came to bother her as well. Since being referred to a pain management physician she has had several epidural steroid injections which produced less than one month of symptoms improvement. She has had no recent active physical therapy, but is maintained on multiple medications. At the present time, she complains of pain and pressure in the low back which will progress down to both heels. She says she can walk for a least an hour before her leg pain makes her stop. She says her back will awaken her from sleep at night when she needs to change positions but she is able to return to sleep afterwards. Her right hand remains sensitive in the palm and fingers, and she says that she believes her left hand symptoms are slowly getting worse. She has been given hand splints. PR-2 dated 7/23/13 by [REDACTED], the patient presented with complaints of persistent back and leg pain. The upper extremities continued to bother. The patient also needed refill of medication. Physical examination showed tenderness to palpation on the thoracic and lumbar paraspinals. Guarding was present. Range of motion was limited. Flexion was to 40 degrees and extension to 20 degrees. Mo

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Updated 6/7/2013, Zolpidem(Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Chronic Pain. Updated 11/14/2013- Zolpidem(Ambien) and Medicine Plus, Zolpidem.

Decision rationale: With respect to prescription of Zolpidem 10mg, 1 p.o q.h.s p.r.n #30, the guidelines does not support it. CA-MTUS is mute about this medication, but according to Medline Plus, If zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication.ODG recommended that cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan and should be considered in conjunction with a short course of Zolpidem. Therefore the request for Zolpidem 10mg, 1 p.o q.h.s p.r.n #30is not medically necessary.