

Case Number:	CM13-0018749		
Date Assigned:	10/11/2013	Date of Injury:	08/14/1995
Decision Date:	01/03/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/30/2013

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 Medicine & Rehabilitation, 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.

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 underlying date of injury in this case is 08/14/1995. This patient is a 68-year-old woman. Her diagnosis is failed back syndrome status post lumbar laminectomy with pedicle screws and instrumentation at L4-5 and L5-S1 as well as interbody reconstruction with arthrodesis. The treating physician's notes indicate that the patient has had caudal injections in the past and has done very well, although in late December 2012 the patient developed increasing thoracic and cervical pain as well as a flare of right shoulder pain and a right shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 1.75 mg #30 with one refill: 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 (Chronic),.

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

Decision rationale: This request is not specifically discussed in the California Medical Treatment Utilization Schedule. The Official Disability Guidelines/treatment of Workers' Compensation/pain states regarding insomnia treatment, "Pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance....Zolpidem is indicated for

the short-term Final Determination Letter for IMR Case Number CM13-0018749 3 treatment of insomnia with difficulty of sleep onset (7-10 days)." The medical records therefore do not support this medication on an ongoing chronic basis. The medical records contain only limited information regarding the rationale or benefit of this medication in the long-term setting.