

Case Number:	CM13-0027220		
Date Assigned:	11/22/2013	Date of Injury:	07/15/1998
Decision Date:	02/07/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiologist, Pain Medicine 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 57-year-old female who reported a work related injury on 07/15/1998 as a result of repetitive motion to the cervical spine. The patient subsequently presents for treatment of the following diagnoses, ganglion, not otherwise specified, sprain of neck, sprain of shoulder, ulnar nerve lesion, and postsurgical state. Clinical note dated 12/06/2013 reported the patient was seen under the care of [REDACTED]. The provider documents the patient continues with pain about the left wrist and shoulder and reoccurrence of the left wrist ganglion. The provider documented upon physical exam the left elbow reveals full range of motion, tenderness to palpation over the lateral epicondyle, flexion of the left wrist aggravates elbow complaints as well, with a mild positive cubital tunnel sign. The provider documents exam of the left wrist additionally revealed redevelopment of a left wrist ganglion. The provider documented the patient was status post cubital tunnel release as of 07/02/2013. Prescription was rendered for Motrin 800 mg and Ultram 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

Decision rationale: The current request is not supported. The most recent clinical documentation submitted for review dated from 12/06/2013 reports the patient continues to present with chronic pain complaints about the left upper extremity status post a work related injury sustained in 1998. The provider documented the patient was rendered prescriptions for Ultram and Motrin. The clinical documentation submitted fails to evidence the patient's reports of efficacy with utilization of Zolpidem any sleep pattern complaints. Additionally, it is unclear how long the patient has been utilizing this medication, as Official Disability Guidelines indicate Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic which is approved for the short-term, usually 2 to 6 week treatment of insomnia. Given all the above, the request for Zolpidem 10 mg #30 is not medically necessary or appropriate.