

Case Number:	CM13-0027695		
Date Assigned:	11/22/2013	Date of Injury:	09/08/1997
Decision Date:	01/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, lumbar radiculopathy, and insomnia reportedly associated with an industrial injury of September 8, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; a prior lumbar laminectomy; analgesic medications; adjuvant medications; and reported a return to regular duty work as of August 3, 2012. In a utilization review report of September 4, 2013, the claims administrator denied a request for zolpidem or Ambien. The applicant's attorney later appealed. An earlier note of August 9, 2013 is notable for comments that the applicant is in stable condition, and is using Motrin, Flexeril, Norco, and Lidoderm. The applicant is also on Allegra, Zoloft, Motrin, and Flexeril. Multiple medications are refilled. The applicant is given a 50-pound lifting limitation. Ambien is not mentioned on this progress note or on a prior progress note of May 10, 2013 or February 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Zolpidem tartrate tabs 10mg qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, section on Zolpiderm.

Decision rationale: As noted in the Official Disability Guidelines' Chronic Pain Chapter, Ambien or zolpidem should be used for as short period of time as possible, and is specifically endorsed only in the short-term management of insomnia for a two- to six-week window. In this case, however, it is not clearly stated in the medical records provided for review why or how often the applicant is using zolpidem or Ambien. The multiple progress notes referenced above, throughout 2013, do not specifically or explicitly mention usage of zolpidem or Ambien. The attending provider has not, consequently, furnished any compelling rationale or narrative to the application for IMR so as to offset the unfavorable Official Disability Guidelines' recommendation. Therefore, the request for a pharmacy purchase of Zolpiderm tartrate tabs 10mg qty 30 is not medically necessary and appropriate.