

Case Number:	CM13-0034424		
Date Assigned:	12/06/2013	Date of Injury:	11/01/2009
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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:

This 54-year-old woman was employed as a cook at [REDACTED] on 11/1/09. She developed back pain and bilateral leg pain, left more so than right, as a result of trying to prevent tray carriers from tipping over. The pain extended into her feet. Treatment was originally at [REDACTED] by [REDACTED]. She was then referred to [REDACTED], who performed an electromyographic examination, as well as a nerve conduction examination which was abnormal due to either a metabolic process or bilateral S1 radiculopathy (magnetic resonance imaging did not confirm nerve root distortion). She was also seen for a time by [REDACTED], who felt she had a musculoligamentous injury. Epidural steroids were given and were ineffective. Sacroiliac joint injections were also proposed, but the patient declined. She eventually came to the attention of neurosurgeon [REDACTED], and on 9/7/10, had a posterior interbody fusion. This resulted in less intense leg pain, but otherwise had no benefit, and she continues to have severe back pain. Her legs now hurt only to the knee and not into the feet. Overall, the left leg is not much better. The most recent progress report from [REDACTED], dated 8/22/13, noted that Tramadol benefits the patient to some extent. Pain rated a 9/10 on the visual analog scale (VAS) without medication and a 6/10 with medication. Examination notes indicate lumbar tenderness and positive straight leg raise. [REDACTED] noted on 9/16/13, "Patient has failed back pain and Tramadol is documented to help to some extent, denial is cruel. She has fear of dependency and won't take more effective medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, a web-based offering of National Library of Medicine and National Institute of Health documents

Decision rationale: The California MTUS is mute on Zolpidem therapy. According to Medline Plus, Zolpidem is used to treat insomnia, and it belongs to a class of medications called sedative-hypnotics. It works by slowing activity in the brain to allow sleep. Zolpidem should normally be taken for short periods of time (less than two weeks). If it is taken for two weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. Based on this information, the request is not medically necessary.