

Case Number:	CM13-0034848		
Date Assigned:	12/11/2013	Date of Injury:	01/12/2011
Decision Date:	01/30/2014	UR Denial Date:	09/16/2013
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 Internal Medicine and Cardiology and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 01/12/2011. The mechanism of injury was not provided. The patient was noted to have medial epicondylar tenderness and a Tinel's sign at the cubital tunnel that was positive. The patient was noted to have tenderness, spasm and tightness in the lumbar spine. The diagnoses were noted to include left-sided L5-S1 disc herniation with radiculopathy, right upper extremity overuse tendinopathy, medial epicondylitis of the right elbow and lumbar spondylolisthesis along with lumbar facet disorder and degenerative discopathy. The request was made for zolpidem 10 mg #30.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Zolpidem

Decision rationale: The ODG indicate that it is for the short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review indicated that the

physician was prescribing the medication for the patient for sleep. However, it failed to provide documentation that the patient had difficulty sleeping. Given the above and the lack of documentation, the request for zolpidem 10 mg #30 is not medically necessary.