

Case Number:	CM13-0036887		
Date Assigned:	01/10/2014	Date of Injury:	10/20/1999
Decision Date:	10/01/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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:

Medical records reflect the claimant is a 58 year old male who sustained a work injury on 10-20-99 to the neck, lower back, left shoulder and upper back. The claimant is currently treated with medications. The claimant had a transforaminal epidural steroid injection at L4-L5 and L5-S1. On 9-5-13, the claimant reported that the leg pain was completely gone and his pain was manageable with medications. On exam, SLR is negative bilaterally, negative facet provocation test.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10 MG, QTY: 30.00: 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), Zolpidem (Ambien)

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 - Zolpidem

Decision rationale: ODG reflects that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks)

treatment of insomnia. The long term use of this medication is not indicated. Additionally, there is an absence in documentation reflecting this claimant's sleep pattern, discussion of alternative first line of treatment. Therefore, this request for Zolpidem 10 mg, qty: 30.00 is not medically necessary.