

Case Number:	CM13-0053322		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2004
Decision Date:	11/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine and is licensed to practice in New York, North Carolina. 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:

This patient, a 55 year old man, injured 1/15/2004, complains of chronic neck pain and s/p ACDF. He felt pain in his back when putting a student in a wheelchair. He is appealing the denial for zolpidem.

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 ODG - SLEEP AID

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

Decision rationale: MTUS is silent on sleep aids or treatment of insomnia. The ODG, however, states that zolpidem is in the class of medications considered first-line for treatment of insomnia. It is indicated for short-term (7-10 day) treatment of insomnia with difficulty of sleep onset. The records reviewed indicate that this patient has been on the medication for over a year. There is no information about what type of insomnia this patient has or the purpose of treatment. There are also no records contemporaneous to the request to review. The zolpidem is not medically necessary, and the denial is upheld.

