

Case Number:	CM13-0055462		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2007
Decision Date:	04/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, has a subspecialty in Pain 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 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:

The injured worker is 50 years old and had an original date of injury of October 21, 2007. The injured worker is documented to have chronic neck pain. The disputed issue is a request for Zolpidem. A utilization review determination noncertified this request on November 4, 2013. The cited rationale for the denial was that "there is no notation as to the duration of the current regimen, the claimant actually takes the medication (not just how it is prescribed), whether there are any side effects of medication, whether sleep hygiene has been discussed with the claimant, and whether the prescribing provider has taking into consideration any changes in the regimen."

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10 MG #30 TAKE ONE BY MOUTH ONE AT NIGHT AS NEEDED QTY #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), STRESS & MENTAL ILLNESS CHAPTER, ZOLPIDEM

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address zolpidem. Therefore the Official Disability Guidelines are utilized which specify the following: "ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" In this injured worker, there is documentation in a progress note on September 4, 2013 that Zolpidem is being prescribed as a hypnotic agent for "chronic insomnia." There is no specific discussion of how long Zolpidem has been prescribed for this injured worker. There is also no discussion of like nonpharmacologic behavioral interventions have been implemented for this patient's insomnia. The guidelines only recommend Zolpidem for short-term use. It is noted that in subsequent progress notes such as the one dated October 2, 2013, there is a request to continue Zolpidem. Given the guidelines, this request is recommended for noncertification.