

Case Number:	CM13-0069538		
Date Assigned:	01/03/2014	Date of Injury:	09/15/2000
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 Interventional Spine 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 patient is a 43 year-old male with a date of injury of 09/15/2000. The listed diagnosis per [REDACTED] is lumbar radiculopathy. According to report dated 11/07/2013 by [REDACTED], the patient presents for a regular medication management and notes improvements in both pain and function. Current medications include Bupropion HCI 150mg, Hydrocodone 10/325mg, omeprazole 20mg and zolpidem 12.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 12.5MG (#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)

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

Decision rationale: This patient presents with lumbar radiculopathy. Treater is requesting Zolpidem CR12.5mg for the patient's insomnia. The MTUS and ACOEM guidelines do not discuss Zolpidem. However, ODG guideline has the following regarding Ambien for insomnia: "Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term

treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is Final Determination Letter for IMR Case Number [REDACTED] indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." This medication is recommended for up to 24 weeks in adults with insomnia. Medical records indicate this patient has been prescribed Zolpidem since 03/08/2013, longer than 6 months. Recommendation is for denial.