

Case Number:	CM13-0071329		
Date Assigned:	01/08/2014	Date of Injury:	07/25/1997
Decision Date:	05/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 7/25/97 date of injury. At the time (10/24/13) of the request for authorization for one Zolpidem 10mg 1 tab at bedtime as needed to address pain-related insomnia #30, there is documentation of subjective (pain in the bilateral shoulders, arms, hands, legs, hips, knees and feet, as well as pain in her upper, mid and lower back) and objective (old thyroidectomy, cholecystectomy, and median lower abdominal surgical scars present) findings, current diagnoses (sleep disorder, mainly due to pain-related sleep maintenance insomnia), and treatment to date (medication including Zolpidem for at least 3 months). There is no documentation of the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ZOLPIDERM 10MG 1 TAB AT BEDTIME AS NEEDED TO ADDRESS PAIN-RELATED INSOMNIA #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). <http://www.acoempracguides.org/> Cervical and Thoracic Spine Disorders. <http://www.acoempracguides.org/> Low Back.

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

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of sleep disorder, mainly due to pain-related sleep maintenance insomnia. However, given documentation of records reflecting prescriptions for Zolpidem since at least 7/12/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for one Zolpidem 10mg 1 tab at bedtime as needed to address pain-related insomnia #30 is not medically necessary.