

Case Number:	CM14-0007889		
Date Assigned:	02/07/2014	Date of Injury:	05/22/2007
Decision Date:	06/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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, and is licensed to practice in Connecticut, Massachusetts, New Jersey, and 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:

The injured worker is a 65-year-old who is reported to have sustained injuries to her low back on May 22, 2007. The submitted clinical records do not detail the specific mechanism of injury. The available clinical records indicate that the injured worker is status post decompression laminectomy at L4-L5 and L5-S1 with anterior posterior fusion from L4 through S1 and pro-disc replacement at L3-L4 on June 2, 2008. The records indicate that the injured worker has a failed back surgery syndrome with a chronic left S1 radiculopathy. She is further noted to have bilateral sacroiliac enthesopathy. She is noted to be status post implantation of two thoracic epidural and two bilateral sacroiliac peripheral neuroelectrodes on August 8, 2013. Current medications include Gabapentin 600mg, Topiramate 50mg, Savella 50mg, and Zolpidem 5mg. The record includes a utilization review determination dated January 8, 2014 in which a request for Zolpidem 5mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Official Disability Guidelines, the use of Zolpidem should be restricted to the normalization of sleep patterns. The Official Disability Guidelines recommend two to three weeks of this medication and that at normalization of sleep patterns it should be discontinued. The Official Disability Guidelines do not support the chronic use of Zolpidem in the treatment of chronic pain. The request for Zolpidem 5mg, thirty count, is not medically necessary or appropriate.