

Case Number:	CM14-0008958		
Date Assigned:	02/28/2014	Date of Injury:	08/29/1995
Decision Date:	06/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 68-year-old male who reported an injury on 08/29/1995. The mechanism of injury was not provided in the documentation. Per the psychiatric report dated 01/07/2014, the injured worker continued to report pain, functional impairments and limitations, problems with concentration, attention, and mood. He was prescribed stabilizing and maintenance medications. The injured worker reported periodic flare-ups as a result of pain problems. Per the physician's note, the injured worker had difficulties with sleep dysfunction, as well as consequence of breakthrough pain interrupting his sleep pattern at night. The diagnoses for the injured worker included neurotic depression, organic affective syndrome, personality disorder no other symptoms, and psychogenic pain NEC. In addition, the injured worker has been diagnosed with mood disorder due to possible hypogonadal syndrome, post-traumatic stress disorder, and mixed personality disorder. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF ZOLPIDEM TARTRATE 10 MG, QTY 30 REFILLS 1:
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) Medications, Zolpidem.

Decision rationale: Per Official Disability Guidelines, Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia. Usually 2 to 6 weeks. 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. In laboratory studies, 15% of women and 3% of men who took the 10 mg dose of Ambien or zolpidem had potentially dangerous concentrations of the drug in their blood 8 hours later. There was a lack of objective, clinical documentation regarding the efficacy of this medication and the severity of the injured worker symptoms. Therefore, the request for the pharmacy purchase OF Zolpidem Tartrate 10 mg, qty 30 refills 1 is not medically necessary.