

Case Number:	CM14-0104153		
Date Assigned:	09/16/2014	Date of Injury:	12/30/2004
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 a 48-year-old female with an original injury date of 12/30/2004. The worker's industrially related diagnoses include chronic neck pain, chronic low back pain, cervical radiculopathy, lumbar radiculopathy, and bilateral lower extremity numbness. The patient has documentation of associated insomnia that is worsening according to an authorization appeal filed on date of service July 9, 2014. This appeal letter specifies that Zolpidem in this case has helped the injured worker in terms of insomnia. The requesting provider sites guidelines outside of the Chronic Pain Medical Treatment Guidelines which specify that Zolpidem can be prescribed for longer durations in difficult to treat cases. A utilization review determination had noncertified this request, citing that the evidence-based guidelines recommend Zolpidem only for short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain - Antimetic Insomnia Treatment

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

Decision rationale: In this case, although the requesting provider has cited literature to support the long-term use of Zolpidem, this is in contrast to the Official Disability Guidelines. The Official Disability Guidelines specifically recommend this for short-term use. There are other medications for sleep that have clinical trials which show longer-term use is acceptable, and there is no drug dependence. Example of this includes Eszopiclone (which is FDA approved for long term use) and Ramelteon. It is not evident in the submitted documentation that there have been trials of these types of sleep agents that have more clinical research to support long-term use. Therefore, this request is not medically necessary.