

Case Number:	CM14-0104227		
Date Assigned:	07/30/2014	Date of Injury:	05/04/1987
Decision Date:	09/19/2014	UR Denial Date:	07/07/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 53 year old female who sustained facial injuries after being struck by a baseball at a company picnic on 05/04/87. The injured worker sustained fractures to the jaw and cheekbone. She subsequently had a chronic history of migraine, trigeminal neuralgia, atypical face facial pain, and insomnia. She was chronically maintained on multiple medications including Cymbalta, Frova, Gabapentin, Lunesta, Lyrica, Tramadol, Dilaudid, Norco, Lorazepam, and Ambien. Clinical note dated 05/15/14, indicated the injured worker complained of left sided head pain rated at 3-8/10 with associated weight gain, depression/anxiety, interference with sleep, and headaches. The injured worker reported aggravating factors included the weather changes. Physical examination was remarkable for numbness over the left face. The initial request for Zolpidem 12.5mg, # 30, with 5 refills was non-certified on 06/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 12.5mg, # 30, with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-Pain Chapter-Zolpidem.

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Further, the request for 5 refills is excess and does not allow for appropriate reevaluation of the injured worker and the efficacy of the medication. Additionally, the injured worker was being prescribed Lunesta and Lorazepam to assist with sleeping disorder. As such, the request for Zolpidem 12.5mg, # 30, with 5 refills is not medically necessary.