

Case Number:	CM14-0104625		
Date Assigned:	07/30/2014	Date of Injury:	11/08/2010
Decision Date:	10/08/2014	UR Denial Date:	06/18/2014
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 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 patient is a 36-year-old male who has submitted a claim for adhesive capsulitis of the shoulder associated with an industrial injury date of November 8, 2010. Medical records from 2014 were reviewed. There is no progress note in the given records. Only the UR was present which showed that the patient complained of increasing pain, depression, weight loss, fatigue and weakness. The patient also has anxiety and mental problems. Examination revealed a stiff neck with some tenderness posteriorly, limited ROMs of the neck, tenderness of the left shoulder and a positive SLR test on the left. Treatment to date is unknown. A Utilization review from June 18, 2014 denied the request for Zolpidem 10 mg, QTY: 45 because there was no explicit documentation of the results of sleep behavior modification attempts or documentation of failed trials of other guideline supported treatments, such as Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg, QTY: 45: Upheld

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

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

Decision rationale: The CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, only the UR was provided for review. The rationale for zolpidem prescription, the date it was started, the patient's response, other treatments tried, and the characteristics of the sleep problem are not known. There is no clear indication for continued use of zolpidem. Therefore, the request for Zolpidem 10 mg, QTY: 45 is not medically necessary.