MAXIMUS Federal Services

Case Number:	CM14-0104676		
Date Assigned:	07/30/2014	Date of Injury:	12/18/2009
Decision Date:	09/25/2014	UR Denial Date:	06/02/2014
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 Management and is licensed to practice in Tennessee. 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:

Patient is a 56-year-old female who has submitted a claim for cervicalgia, lumbago, myalgia, myositis, lumbosacral disc degeneration, adjustment disorder, anxiety, depression, and sleep difficulty associated with an industrial injury dates of 12/18/2009.Medical records from 2013 to 2014 were reviewed. Patient complained of worsening neck and upper back pain associated with numbness and tingling sensation of bilateral upper extremities. Patient likewise experienced migraine headaches. Patient reported pain relief and ability to perform activities of daily living with her current treatment regimen. She documented difficulty with sleeping at night. Progress report from 3/24/2014 stated that she had nightmares once or twice a week and intake of Ambien provided improvement. Patient goes to bed between 10 p.m. to 11 p.m. and falls asleep within 10 to 15 minutes. However, neck and back pain resulted to sleep disturbance at night. Physical examination showed restricted range of motion of the cervical spine. Tenderness and muscle spasms were noted. Spurling's test was positive bilaterally.Treatment to date has included cervical epidural steroid injection, psychotherapy, physical therapy, trigger point injections, and medications such as Naproxen, Omeprazole, Nortriptyline, Lidocaine patch, Gabapentin, and Ambien (since March 2014).Utilization review from 6/2/2014 denied the request for Zolpidem 5mg, #30 because long term use was not recommended.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain Chapter, Zolpidem section.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since March 2014. Progress report from 3/24/2014 stated that she had nightmares once or twice a week and intake of Ambien provided improvement. Patient goes to bed between 10 p.m. to 11 p.m. and falls asleep within 10 to 15 minutes. However, neck and back pain resulted to sleep disturbance at night. However, recent progress reports from April to June 2014 failed to provide evidence of sleep improvement secondary to Ambien. Moreover, there is no recent discussion concerning sleep hygiene. Long-term use is likewise not recommended. Guidelines criteria were not met. Therefore, the request for Zolpidem 5mg #30 is not medically necessary.