

Case Number:	CM14-0104940		
Date Assigned:	07/30/2014	Date of Injury:	01/13/2003
Decision Date:	09/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 injured worker is a 62-year-old female who reported an injury on 01/03/2013. The mechanism of injury was not provided for clinical review. The diagnosis included status post bilateral knee replacement. The previous treatments included medication, pool therapy, and physical therapy. Within the clinical note dated 06/13/2013, it was reported the injured worker complained of pain in the left knee, clicking, catching, difficulty climbing stairs, and getting out of a chair. Upon the physical examination the provider noted the right knee range of motion was flexion at 125 degrees. The provider indicated the injured worker's left knee range of motion was extension was full. The request submitted is for zolpidem, however, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidern Tartrate 10mg quantity 30.00: 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.

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

Decision rationale: The request for zolpidern tartrate 10 mg #30 is not medically necessary. The Official Disability Guidelines note zolpidem is a prescription short acting benzodiazepine hypnotic which was approved for short term use, usually 2 to 6 weeks for treatment of insomnia. There is lack of documentation indicating the injured worker was treated for or diagnosed with insomnia. There's lack of documentation indicating the efficacy in the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 06/2013 which exceeds the guidelines recommendation of short term use of 2 to 6 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.