

Case Number:	CM14-0106803		
Date Assigned:	08/01/2014	Date of Injury:	04/02/2004
Decision Date:	09/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/10/2014

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:

The patient is a 59-year-old female who has submitted a claim for bilateral shoulder rotator cuff tears, carpal tunnel syndrome, chronic headaches and major depression associated with an industrial injury date of April 2, 2004. Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of major depression since 2007 with sleep and appetite disturbances, fatigue, impaired ability to concentrate, and suicidal thoughts. Upon examination, the patient appeared well-groomed and dressed, cooperative with good eye contact, but seemed to have a depressed mood and was anxious. The patient also claimed to have suicidal thoughts but denied plans to act. Thought process seemed linear and goal-directed. The content of the patient centered on chronic pain and disability. Judgment and cognition was intact. There was normal short and long-term memory. Treatment to date has included psychiatric treatments and medications such as Duloxetine, Buspirone and Zolpidem. Utilization review from July 7, 2014 denied the request for Zolpidem XR 12.5mg #30 between 7/2/2014 and 8/31/2014 because the short-term recommendations per the guidelines had been exceeded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem XR 12.5mg #30 between 7/2/2014 and 8/31/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain/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) Pain Chapter, Zolpidem.

Decision rationale: The 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, zolpidem was prescribed since at least May 27, 2014. From this date until the end date provided in the request covers a period that exceeds six weeks. Moreover, there was no documentation that the patient already had sleep hygiene improvement. There is no clear indication for continued use of Zolpidem. Therefore, the request for Zolpidem 10mg #30 is not medically necessary.