

Case Number:	CM14-0109797		
Date Assigned:	09/16/2014	Date of Injury:	01/29/2013
Decision Date:	10/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 41-year-old male who reported an injury on 01/29/2013. The mechanism of injury is from a fall. The injured worker's diagnoses included sprain/strain of the knee and leg, left side; and status post right microdiscectomy and decompression of L4-5. The injured worker's past treatments include medications, surgery and cognitive behavioral therapy. The injured worker's surgical history included L4-5 right microdiscectomy and decompression on 07/02/2014. Within the clinical note dated 07/11/2014, the injured worker stated he had significant improvement of low back and right leg pain. The injured worker had normal strength in lower extremities, no straight leg raise, no spasms noted. The injured worker had diminished sensation in the right lateral calf and dorsal foot surface. The injured worker's medications included Percocet 5/325 mg and cyclobenzaprine HCL 10 mg. The request was for zolpidem ER 12.5 mg quantity 8. The rationale for the request was not provided. Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg Qty 8: 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 Chapter

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 zolpidem ER 12.5 mg quantity 8 is not medically necessary. The injured worker is diagnosed with status post L4-5 right microdiscectomy and decompression and sprain/strain of the left knee and leg. The injured worker states his sitting tolerance is greatly improved and that the leg pain is much better. The Official Disability Guidelines state zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term use, usually 2 to 6 weeks for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. There is a lack of documentation indicating the injured worker has significant functional deficits to include insomnia. Additionally, the request does not indicate the frequency of the medication. As such, the request for Zolpidem Extended Release 12.5 mg Quantity 8 is not medically necessary.