

Case Number:	CM14-0018379		
Date Assigned:	05/12/2014	Date of Injury:	08/15/2006
Decision Date:	08/04/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine 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 60-year-old male who has submitted a claim for complex regional pain syndrome type I of the upper limb, chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, unspecified reflex sympathetic dystrophy, insomnia unspecified, pain in lower leg joint, obesity unspecified, and dietary surveillance and counseling associated with an industrial injury date of August 15, 2006. Medical records from 2012-2014 were reviewed. The patient complained of pain over most of all of his body, including the back, neck and the extremities. The pain was rated 5/10 in severity. The only part of his body that he allows to be touched was part of the front of his body. He also complains of insomnia. Physical examination showed the patient in mild to moderate discomfort. There was restricted range of motion of the neck. There was small amount of shakiness noted on his right forearm and hand. There was limited and painful range of motion to the upper extremities. The patient cannot fully extend his left below and cannot straighten out his left shoulder. Lower extremity range of motion was also painful and limited. There was extreme allodynia to light touch and pressure bilaterally for the upper extremities. Upper extremity motor strength was diminished. Lower extremity sensory exam revealed allodynia to light touch. Motor strength was intact. The patient has an anxious mood. Imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, stellate ganglion blocks, spinal cord stimulator trial, and left elbow surgery. Utilization review, dated January 17, 2014, denied the request for Zolpidem 10mg qty: 30.00 because there were no sleep behavior modification attempts or documentation of failed trials of other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG #30: 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), Pain Chapter, Zolpidem.

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: CA MTUS does not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG, Pain chapter states that zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, the patient was taking Zolpidem (Ambien) since May 2012. Although there was mention from the medical records submitted that the patient has insomnia associated with chronic pain, there was no mention regarding the patient's sleeping habits that warrant the use of Zolpidem. There was also no mention of education regarding proper sleep hygiene. Long-term use of the medication is not recommended. Therefore, the request for Zolpidem 10mg #30 is not medically necessary.