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| Case Number: | CM14-0115336 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 07/10/1997 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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 & Rehabilitation/Pain Management and is licensed to practice in Texas & Ohio. 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 63-year-old male who reported an injury on 07/10/1997 due to an unknown mechanism. Diagnoses were: Lumbar disc displacement, lumbar postlaminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, anxiety, status post spinal cord stimulator implant, status post spinal cord stimulator/implantable pulse generator replacement post rehab. Past treatments were a spinal cord stimulator which malfunctioned and Toradol injections for pain. Diagnostic studies were: CT scan of the lumbar spine, EMG, and MRI of right knee. The surgical history was a laminectomy of the lumbar spine. There was a physical examination on 06/19/2014 that revealed complaints of neck pain that radiated down to bilateral upper extremities and were complaints of low back pain that radiated down to bilateral lower extremities. His pain was rated an 8/10 in intensity with medications and without medications it was a 10/10. It was reported that the injured worker's pain has worsened since last visit, an examination of the lumbar spine revealed spasm in the bilateral paraspinal musculature and tenderness was noted upon palpation in the bilateral paravertebral area at L4-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. The medications were: Bupropion, Celebrex, Gabapentin, Metformin, Protonix, Pantoprazole, Tramadol, Zolpidem, Provigil and Tizanidine. The treatment plan was for an epidural steroid injection at the bilateral L4-5. The rationale for the request was that the injured worker suffered from chronic insomnia. This medication has been helpful to improve sleep quality and duration. The injured worker reported inability to discontinue or reduce the medication due to severe insomnia. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10 mg #30-allow 1 refill for weaning to discontinue: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 requests for Zolpidem tartrate 10 mgs quantity 30 allow 1 refill for weaning is not medically necessary. The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short term treatment of insomnia, generally 2 to 6 weeks. The request does not indicate a frequency for the medication. Due to the recommendations of the medical guidelines, this request is not medically necessary.