

Case Number:	CM14-0115562		
Date Assigned:	08/04/2014	Date of Injury:	04/16/1997
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 48 year old female injured on 04/16/97 due to an undisclosed mechanism of injury. Diagnoses include lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, right greater than left, spinal cord stimulator implant in 2005 with multiple revisions, acute liver failure, status-post liver transplant on 04/08/08, medication-induced gastritis, and cognitive sequelae of liver transplant and organ failure. Clinical note dated 06/12/14 indicates the injured worker presented complaining of continued pain to the lower back radiating to bilateral lower extremities. The injured worker recently underwent revision of spinal cord stimulator with rechargeable implantable pulse generator (IPG) and MRI compatible leads on 01/16/14 and was reported good paresthesia coverage. Documentation indicates the injured worker was showing signs of deterioration of overall health as a result of liver transplantation and immunosuppressive medications. The injured worker reported significant dizziness and falling with progressive weakness in the right lower extremity related to both comorbid conditions and medications. Physical examination revealed tenderness to palpation in posterior lumbar musculature bilaterally, increased muscle revision, decreased range of motion, ability to bend forward to the level of knees, extension limited to 10 degrees, pain with both maneuvers, and positive straight leg raising test bilaterally. Medications included Dilaudid 4mg 4-6 tablets a day, Demerol 50mg twice daily as needed, Fexmid 7.5mg twice daily as needed, Topamax 50mg twice daily, Ambien 10mg every evening, Celexa 40mg once daily, Restoril 30mg every evening, Prilosec 20mg twice daily, Lidopro topical analgesic cream three times daily, Prograf 1mg twice daily, Cellcept 250mg 2 tabs twice daily, Keppra 500mg twice daily, Lasix, Magnesium, and Docusate. The injured worker reported without medications she would be unable to function effectively or perform activities of daily living. The initial request for Zolpidem Tartrate was initially non-certified on 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate: 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 (Acute and Chronic), Procedure Summary, Zolpidem (Ambien).

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. The request failed to provided dose, frequency, amount, and number of refills to be provided. As such, the request for Zolpidem Tartrate cannot be recommended as medically necessary.