MAXIMUS Federal Services

Case Number:	CM14-0122535		
Date Assigned:	09/16/2014	Date of Injury:	10/06/2003
Decision Date:	12/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 60-year-old female who reported an injury on 10/06/2003. The mechanism of injury is not specified. Her diagnoses include a cervical spine discopathy. Her past treatments include home exercise, antidepressants, muscle relaxants, and opioid management. On 08/13/2014, the injured worker complained of neck pain rated 7/10 with medications and 10/10 without medications that radiated down her bilateral upper extremities. It was also noted the injured worker complained of low back pain that radiated down the bilateral lower extremities. The physical examination revealed the cervical examination to include limited range of motion with flexion at 30 degrees, extension at 20 degrees, and spasms noted bilaterally in the paraspinous muscles. The lumbar examination revealed spasms noted in the bilateral paraspinous musculature and decreased motor strength along the L4-S1 dermatomes in the bilateral lower extremities. The injured worker was noted to have been taking Zolpidem since at least 05/21/2014. Her medications included gabapentin 600 mg half tab daily, Clorazepate 7.5 mg every 8 hours, Lidoderm 5% patch every 12 hours, Percocet 10/325 mg every 6 hours, Tizanidine 4 mg every 8 hours, vitamin D twice a day, Zolpidem tartrate 10 mg at bedtime, Acetaminophen 1000 mg 3 times a day, Gabapentin 300 mg capsule 3 times a day, Lorazepam 1 mg every 6 hours, oxycodone 10 mg every 2 hours, oxycodone 15 mg as needed, Oxycodone 20 mg as needed for severe pain, Tramadol 50 mg every 4 hours, and Zanaflex 4 mg every 6 hours as needed. The treatment plan included continuing home exercise, follow-up in 1 month, and follow up with her primary care provider in regards to considering a neurological evaluation for her headaches. A request was received for Zolpidem Tartrate (Ambien) 10 mg # 30 SIG; 1 qhs QTY: 30 which is indicated beneficial with intended effects at a prescribed dose. A Request for Authorization form 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 Tartrate (Ambien) 10 mg # 30 SIG; 1 qhs QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities 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 (Ambien)

Decision rationale: The request for Zolpidem tartrate (Ambien) 10 mg # 30 SIG; 1 qhs QTY: 30 is not medically necessary. According to the Official Disability Guidelines, Zolpidem is indicated as a short acting nonbenzodiazepine hypnotic that is recommended for short term treatment of insomnia within 7 to 10 days. The guidelines also state that Zolpidem can be habit forming, may impair function, and decrease memory. It is also indicated that it may increase pain and depression over long term use. The guidelines suggest that cognitive behavioral therapy should be an important part of an insomnia treatment plan. The clinical notes indicated the injured worker was to have been taking Zolpidem since at least 05/21/2014. It was also indicated the injured worker complained of ongoing pain worsened by medication reduction, however, the documentation did not indicate a reduction in Zolpidem or specify the medication. Based on the injured worker being on Zolpidem longer than the required or recommended amount for short term treatment of insomnia, and lack of evidence indicating the improvement of sleep from the medication treatment, the request is not supported by the guidelines. As such, the request for Zolpidem Tartrate (Ambien) 10 mg # 30 SIG; 1 qhs QTY: 30: is not medically necessary.