

Case Number:	CM14-0124607		
Date Assigned:	08/08/2014	Date of Injury:	07/19/2004
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

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 54-year-old female who has submitted a claim for lumbago and shoulder joint pain associated with an industrial injury date of July 19, 2004. Medical records from 2013-2014 were reviewed. Very sparse information was provided. The patient complained of low back and left shoulder pain. Physical examination showed tight and bandlike trapezius muscles of the left shoulder. Several trigger areas were palpated. Imaging studies were not available. Treatment to date has included medications, activity modification, and trigger point injection. Utilization review, dated July 7, 2014, denied the request for Zolpidem tartrate ER 12.5 mg qty: 30. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate ER 12.5mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; 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, and the Official Disability Guidelines (ODG) was used instead. ODG, Pain chapter states that Zolpidem (Ambien) 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 has been taking Zolpidem (Ambien) since at least December 2013 for insomnia. Long-term use is not recommended. In addition, there was no documentation of functional benefit from its use. Furthermore, there was no mention regarding the patient's sleeping habits that warrant the use of Ambien. The most recent and only progress note available was dated December 17, 2013. Current clinical and functional status of the patient is unknown. Therefore, the request for Zolpidem Tartrate ER 12.5mg QTY: 30 is not medically necessary.