

Case Number:	CM14-0131581		
Date Assigned:	08/20/2014	Date of Injury:	08/09/2006
Decision Date:	12/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 (IW) is a 43-year-old woman who sustained an industrial injury on August 9, 2006. The IW was diagnosed with chronic low back pain with muscle spasms and radiculopathy, right more than left. The radiculopathy pain radiated to the lumbar sacral spine to bilateral lower extremities. She also has opioid induced constipation controlled with Colace, pain induced depression partially controlled with Cymbalta and gastrointestinal irritation and gastro-esophageal reflux aggravated by prolonged intake of non-steroidal anti-inflammatory medications and analgesic medications. Her treating provider most recently evaluated the IW on July 24, 2014. An opiate contract was signed on October 24, 2013. Viibryd has decreased her pain by 50% to 4/10. She continues to complain of low back pain with radiation to the right lower extremity. Mild stress and urinary incontinence has developed over the past few years. BMI is 33.8. Examination demonstrates moderate depression and frustration due to her current state of discomfort. She has wide-based and slightly unbalanced gait, weakness with toe walking, and pain with heel walking. Straight leg raise test was 65 bilaterally. She had back pain with hip flexion. Current medications include: Zolpidem 10mg, Oxycontin CR 80mg, Lamictal 200mg, Docusate 200mg, Omeprazole 20mg, and Duloxetine 60mg. Prior peer review dated July 2, 2013 recommended non-certify the request for Zolpidem. It was noted that the prior UR review from May 28, 2014 recommended one refill of Zolpidem for weaning. Since that time, the medication has been continued without change.

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, 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 Section, Zolpidem

Decision rationale: Zolpidem is a short acting non-benzodiazepine hypnotic that is recommended for short-term (7 to 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. It can be habit forming and may impair function and memory more so than opiate pain relievers. In this case, the medical record indicates the injured worker has been taking Zolpidem since August 2007. It has been consistently prescribed on a monthly basis since that time, occasionally alternating with Lunesta (another benzodiazepine). It should be noted Zolpidem is not intended for long-term use. The guidelines also state Zolpidem is not recommended for long-term use. Moreover, the guidelines state that is meant to be used for 7 to 10 days. Consequently, Zolpidem 10 mg #30 is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Zolpidem 10 mg #30 is not medically necessary.