

Case Number:	CM14-0131922		
Date Assigned:	09/16/2014	Date of Injury:	05/15/2005
Decision Date:	10/16/2014	UR Denial Date:	08/02/2014
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 Family Medicine and is licensed to practice in North Carolina. 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 70-year-old with a reported date of injury of 05/15/2005. The patient has the diagnoses of cervical and lumbar degenerative joint disease and chronic pain syndrome. Past treatment modalities have included lumbar surgery. Per the most recent progress notes provided by the primary treating physician dated 07/21/2014, the patient had complaints of pain in the legs and lower back which was getting worse. Much of the note is illegible. The physical exam appears to have shown tenderness with trigger points in the cervical spine and lumbar spine. The treatment plan was for continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 Mg #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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) do not specifically address the requested medication. Per the Official Disability Guidelines (ODG): Zolpidem is a

prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. Per the progress reports provided for review, this patient has been prescribed the requested medication for over a year. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use than the guideline recommendations in the provided progress reports. This request is not medically necessary and appropriate.