

Case Number:	CM14-0133259		
Date Assigned:	08/25/2014	Date of Injury:	10/03/2008
Decision Date:	10/20/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 56 year old male with an injury date of 10/03/08. Based on the 04/24/14 progress report provided by [REDACTED], the patient complains of back pain and sleep disorder. Per 02/06/14 progress report provided by [REDACTED], patient diagnosis includes failed back syndrome, status post multiple lumbar surgeries, left wrist ganglion cyst and bilateral ulnar neuropathy at the elbows. Physical examination reveals decreased bilateral grip strength and reduced sensation. There is tenderness and myospasm to the lumbar spine and straight leg raising is positive bilaterally. Patient medications include Norco, Medrox, Orphenadrine, Zolpidem tartrate, Nortriptyline HCl, Setraline HCl, and Capsaicin patch. Deferred diagnoses 04/24/14 by [REDACTED] - psychiatric complaints- orthopedic complaints- post-traumatic weight gain- sleep disorder, secondary to pain and stress- obstructive sleep [REDACTED] [REDACTED] is requesting Zolpidem Tartrate 10mg. The utilization review determination being challenged is dated 07/31/14. The rationale is "long term use of this medication is not supported due to tolerance and side effect issues." [REDACTED] is the requesting provider, and he provided treatment reports from 02/06/14 - 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien for insomnia

Decision rationale: The patient presents with failed back syndrome and sleep disorder. The request is for Zolpidem Tartrate 10mg. ODG guideline have the following regarding Ambien for insomnia: " Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." Patient has been prescribed Zolpidem Tartrate at least from 02/06/14 based on treater progress report, which is almost 6 months to the utilization review letter dated 07/31/14. Based on ODG, requested medication should be taken short-term, due to negative side effect profile. Recommendation is for denial.