

Case Number:	CM14-0139438		
Date Assigned:	09/05/2014	Date of Injury:	08/03/1998
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 is a 60 year old female injured on 08/03/98 due to typing and repetitive work resulting in pain over the neck, upper back, and arms. Prior treatments included diagnostic studies, medication management, physical therapy, acupuncture, biofeedback, and multiple cervical epidural steroid injections. The injured worker was diagnosed with cervical disc disease, bilateral repetitive strain injuries, and carpal tunnel syndrome. Clinical note dated 04/15/14 indicated the injured worker presented for medication refills. The injured worker reported no side effects from medication use. The injured worker volunteered at church and helped to raise grandchildren. Physical examination revealed the injured worker to be alert and oriented x 3 and bright. There was no additional clinical documentation submitted for review. The initial request was non-certified on 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The frequency, amount and number of refills were not provided. As such, the request for Zolpidem 5mg cannot be recommended as medically necessary.