

Case Number:	CM14-0154501		
Date Assigned:	09/24/2014	Date of Injury:	12/01/2005
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

This is a 55-year-old male patient who reported an industrial injury on 12/1/2005, almost nine (9) years ago, attributed to the performance of his usual and customary job tasks, reported as a coupling dropping onto his right foot. The patient is being treated under the provisions for future medical care. The patient has undergone a right ankle fusion; right ankle arthrodesis; and a TKA. The objective findings on examination included x-rays that demonstrated right ankle talus fracture, right ankle fusion with fibrous union, and prominent hardware anterior tibia. The lower extremity duplex ultrasound dated 6/10/2014, documented a negative left lower extremity arterial duplex ultrasound. The patient was reported to complain of left thigh and leg pain. The objective findings on examination included tenderness to palpation on the left anterior femur over the Hunter's canal and superior medial femur. The patient was diagnosed with pain in the limb. The treatment plan included Zolpidem 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg tab #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--insomnia and Zolpidem and <http://www.drugs.com/ambien.html>

Decision rationale: Zolpidem 10 mg #30 is recommended only for the short-term treatment of insomnia for two to six weeks. The Zolpidem 10 mg has been prescribed to the patient for a prolonged period of time. The use of Zolpidem or any other sleeper has exceeded the ODG guidelines. The prescribing physician does not provide any rationale to support the medical necessity of Zolpidem for insomnia or documented any treatment of insomnia to date. The patient is being prescribed the Zolpidem for insomnia due to chronic ankle/foot pain simply due to the rationale of chronic pain without demonstrated failure of OTC remedies. There is no provided subjective/objective evidence to support the use of Zolpidem 10 mg over the available OTC remedies. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no demonstrated functional improvement with the prescribed Zolpidem and the request is not medically necessary.