

Case Number:	CM14-0155387		
Date Assigned:	09/25/2014	Date of Injury:	03/13/1994
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 74-year-old male who reported an injury on 06/13/1994. The mechanism of injury was not submitted for review. The diagnoses included lumbar radiculitis, lumbar disc displacement, postlaminectomy syndrome, narcotics required to maintain activities of daily living, left hip degenerative joint disease, and status post pacemaker. Her previous treatments included medication, surgery, and home exercise program. Within the clinical note dated 08/14/2014 it was reported the injured worker complained of continued low back and bilateral leg pain which increased with sitting, standing and walking. He reported that the pain radiated to his legs. Upon the physical examination, the provider noted tenderness to the low back at L4-S1 on the left. There was a positive straight leg raise at 45 degrees on the left and negative on the right. Decreased sensation at the posterior lateral thighs was noted. The range of motion was noted to be flexion at 45 degrees, and extension at 10 degrees. The provider requested zolpidem. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Zolpidem 30mg: Upheld

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

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

Decision rationale: The request for zolpidem 30 mg #30 is not medically necessary. The Official Disability Guidelines note zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which was approved for short term, usually 2 to 6 weeks, treatment of insomnia. There is lack of documentation indicating the efficacy of the medication as evidence based significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker was treated for insomnia. Therefore, the request is not medically necessary.