

Case Number:	CM14-0157612		
Date Assigned:	10/13/2014	Date of Injury:	11/28/1999
Decision Date:	12/11/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 54 year old female with date of injury 11/28/99. The treating physician report dated 8/5/14 indicates that the patient presents with chronic pain affecting the lower back with radicular pain in the left leg. The physical examination findings reveal slight antalgic gait without assistance. No drug abuse or signs of withdrawal is noted. Prior treatment history includes lumbar laminectomy and medications. The current diagnoses are: 1. Post Laminectomy syndrome of lumbar region 2. Radicular syndrome of lower limbs 3. Unspecified drug dependence 4. Insomnia The utilization review report dated 8/13/14 denied the request for Zolpidem CR 12.5mg #30 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem CR 12.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

Decision rationale: The patient presents with chronic pain affecting the lower back with radicular pain in the left leg. The current request is for Zolpidem CR 12.5mg #30. The treating physician report dated 8/5/14 states, "Refill Ambien CR tablet, patient is stable on Ambien CR, takes nightly without any side effects, no grogginess in the morning, sleep is improved since LESI due to reduced pain relief." The MTUS guidelines do not address Zolpidem (Ambien). The ODG guidelines state that Zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The patient has been taking Zolpidem since at least 4/15/14 which is well beyond the ODG guidelines. Recommendation is for denial.