

Case Number:	CM14-0021515		
Date Assigned:	05/05/2014	Date of Injury:	11/28/1994
Decision Date:	07/14/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old female with a reported date of injury on 11/28/1994. The injured worker complained of low back pain. According to the documentation provided, previous x-rays revealed a solid appearing fusion from L4-S1. The clinical information provided for review stated that injured worker had no motor or sensory deficits as well as "decreased" range of motion in all planes of the lumbar spine. The injured worker's diagnoses included adjacent level degenerative change L3-4 and solid fusion for spondylolisthesis from L4-S1. According to the clinical documentation dated 01/27/2014, the injured worker's medication regimen included Percocet and Ambien. The Request for Authorization of zolpidem 10 mg #30 was submitted on 02/14/2014. According to the clinical note dated 03/31/2014, the injured worker required the use of Ambien for sleep. On the authorization letter, the injured worker wrote that she required Ambien at night to sleep and without the use of Ambien she would require more pain medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG #30: Upheld

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

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 (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the long term use of Zolpidem. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Sleeping pills can be habit-forming, and they may impair function and memory more than opioid pain relievers. The dose of Zolpidem for women should be lowered from 10 mg to 5 mg for IR products. Zolpidem is linked to an increase in Emergency Department visits, so it should be used safely for only a short period of time. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The clinical note dated 01/27/2014 indicated that the injured worker was seen in order to refill her Ambien and Percocet prescriptions. There is a lack of documentation as to the injured worker's sleep disturbances and sleep issues and the effectiveness of the long term use of Zolpidem. In addition, it was unclear how long the injured worker has been utilizing Zolpidem. The guidelines do not recommend the long term use of sleep aids. The injured worker expressed her concern that she would need to utilize additional pain meds without the use of Zolpidem. According to the Official Disability Guidelines the use of Zolpidem has a higher risk of side effects than the continued use of opioids. In addition, the request for Zolpidem exceeds the recommended guideline timeframe for utilization. Therefore, the request for Zolpidem 10 mg #30 is not medically necessary.