

Case Number:	CM14-0023023		
Date Assigned:	06/11/2014	Date of Injury:	09/22/2009
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Oklahoma. 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 67 year old female who reported an injury on 09/22/2009 due to cumulative trauma. On 05/14/2014 she reported low back pain that radiated down to her legs and was sharp, burning, and throbbing with a pain rating of 6/10. A physical exam revealed limited range of motion to the lumbar spine with some tenderness, straight leg test was positive bilaterally, some aldonia noted in the left lower extremity and normal sensation in L4-L5 and L5-S1 levels. Diagnoses included lumbago, lumbar radiculopathy, and post laminectomy syndrome. Past treatments included medication, surgery, and physical therapy. On 10/13/09 the injured worker was prescribed Voltaren 100mg and Ambien 10mg. The treatment plan is for Zolpidem 10mg #30. The request for authorization form and rationale were not included in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG NUMBER 30: Upheld

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

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

Decision rationale: The request for Zolpidem 10mg #30 is not medically necessary. The injured worker was prescribed Zolpidem (Ambien) on 10/13/2009. Zolpidem is recommended for the short term (usually 2-6 weeks) treatment for insomnia. In addition, per the Official Disability Guidelines, the FDA now requires lower doses for Zolpidem with the dose for women being lowered from 10mg to 5mg. The rationale for the necessity of Zolpidem was not included. There is a lack of documentation stating that the injured worker was diagnosed with insomnia. The documentation provided shows that the injured worker has already exceeded the recommended time frame for the use of Zolpidem. Also, the dose of 10mg exceeds the recommended 5mg dosage. Given the above, the request is not medically necessary.