

Case Number:	CM14-0028279		
Date Assigned:	06/13/2014	Date of Injury:	09/20/2010
Decision Date:	07/16/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 46 year-old patient sustained an injury on 9/20/10 while employed by [REDACTED]. Request under consideration include Zolpidem 10mg #30. Diagnoses under treatment include thoracic disc protrusion/ stenosis/ and sprain/strain. Report of 2/13/14 from the provider noted the patient with midline sternal, right rib, and bilateral thoracic pain. Current medications list Norco, Prilosec, and Ambien. Exam of the thoracic and lumbar spine showed restricted range of motion in all planes; tenderness to palpation of left sternum and ziphoid process, right intercostals, right ribs, and thoracic paraspinal muscles overlying T9-12 facet joints with positive provative facet joint maneuvers; decreased sensation along left T7-9 dermatomes. It was noted the patient has disrupted sleep secondary to chronic pain and Zolpidem allow for additional 2 hours of sleep per night for total of 5 hours. The request for Zolpidem 10mg #30 was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity.

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) Stress and Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien®), pages 877-878.

Decision rationale: This 46 year-old patient sustained an injury on 9/20/10 while employed by [REDACTED]. Request under consideration include Zolpidem 10mg #30. Diagnoses under treatment include thoracic disc protrusion/ stenosis/ and sprain/strain. Report of 2/13/14 from the provider noted the patient with midline sternal, right rib, and bilateral thoracic pain. Current medications list Norco, Prilosec, and Ambien. Exam of the thoracic and lumbar spine showed restricted range of motion in all planes; tenderness to palpation of left sternum and ziphoid process, right intercostals, right ribs, and thoracic paraspinal muscles overlying T9-12 facet joints with positive provative facet joint maneuvers; decreased sensation along left T7-9 dermatomes. It was noted the patient has disrupted sleep secondary to chronic pain and Zolpidem allow for additional 2 hours of sleep per night for total of 5 hours. The request for Zolpidem 10mg #30 was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity. Per the ODG, Zolpidem, a non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2010 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on Hydrocodone with stated functional improvement to hinder any sleep issues. The Zolpidem 10mg #30 is not medically necessary and appropriate.