

Case Number:	CM14-0032864		
Date Assigned:	06/20/2014	Date of Injury:	04/26/2008
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/15/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old male who was injured on 4/26/08. He was diagnosed with lumbar strain/sprain, low back pain syndrome afterwards as well as lumbar disc disease and lumbosacral neuritis. He had been prescribed zolpidem as well as trialed other sleep aids for her insomnia due to her chronic pain. He also was treated with physical therapy, topical analgesics, steroid injections, muscle relaxants, antidepressants, opioids, and Non-Steroid Anti-Inflammatory Drugs (NSAIDs). On 11/19/13, the worker rated his back pain at a 7/10 on the pain scale with radiation to the right leg and foot. He reported taking the following medications at that time: zolpidem, Norco, omeprazole, Lunesta, lidocaine, metformin, atorvastatin, albuterol, triamcinolone cream, lisinopril, naproxen, and gabapentin. He was prescribed Lunesta for his sleep following this visit with his treating doctor. More recent notes were not provided for review, however, a request was made months later for zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem: 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), <http://www.odg-twc.com/odgtwc/pain.htm#zolpidem>, and Anti-Epilepsy Drugs (AEDS), Lunesta - Non-Benzodiazepine Sedative-Hypnotics.

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

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. The worker in this case had been using zolpidem as well as Lunesta for his insomnia related to his chronic back pain for many months leading up to this request which is beyond the recommended duration of use. Also, there was not a dose, number, or frequency mentioned in the request. Therefore, the zolpidem is not medically necessary.