

Case Number:	CM14-0036801		
Date Assigned:	06/25/2014	Date of Injury:	01/13/2012
Decision Date:	08/19/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 01/13/2012 due to a re-injure of his back while assisting a student in the classroom. The injured worker has diagnoses of chronic pain syndrome, lower back pain, lumbar/lumbosacral disc degeneration disease, lumbago, and spondylolisthesis. Past treatment includes medication, TENS unit, and physical therapy. Diagnostics include x-ray and MRIs of the lumbar spine. The injured worker complained of lumbar and thoracic pain. The injured worker said the pain was constant, also describing the pain as aching. The injured worker rated the pain at a 5/10. The injured worker also stated that the pain disrupted his sleep. Physical examination dated 05/05/2014 revealed that the injured worker had tenderness to the cervical, thoracic, and lumbar spine. The injured worker also revealed to have lumbar facet tenderness at L4-S1 and was positive at lumbar facet loading maneuvers. The physical examination revealed no motor strength evidence or any range of motion evidence. Current medications include zolpidem 10 mg, Flexeril 7.5 mg, Norco 10/325 mg, naproxen 550 mg, and tramadol 50 mg. No duration or frequency were documented in the submitted report. The current treatment plan is to refill current medications, encourage the injured worker to continue weight loss and core muscle strengthening, consider bilateral facet joint injections in the future, and activity as tolerated. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10MG, 30 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 request for Zolpidem 10MG, 30 tablets is non-certified. The injured worker complained of lumbar and thoracic pain. The injured worker said the pain was constant, also describing the pain as aching. The injured worker rated the pain at a 5/10. The injured worker complained of pain in the lumbar and thoracic region of her back. The injured worker described her pain as an aching feeling. She also stated to have muscle crippling muscle spasms that disturbed her sleep. Official Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting no benzodiazepine hypnotic, appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The progress note dated 05/05/2014 shows that the injured worker has been taking zolpidem 10 mg since then. The Official Disability Guidelines stipulate that this medication should be short-term, generally 2 to 6 weeks. The injured worker exceeds the guidelines. As such, the request for zolpidem 10 mg, 30 tablets is not medically necessary.