

Case Number:	CM14-0036870		
Date Assigned:	06/25/2014	Date of Injury:	05/21/2009
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
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 Occupational Medicine 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:

The patient injured her cervical spine on 05/21/09. Zolpidem has been requested and is under appeal. Her diagnoses include cervical strain, shoulder impingement, tendinopathy, carpal tunnel release, and DeQuervain's tenosynovitis. On 09/24/13, she received several injections. She was using transdermal creams. There is no mention of Zolpidem. She has had imaging studies of her upper extremities. On 10/04/13, her drug screen was reviewed. She was taking Zolpidem. On 10/22/13, she underwent multiple injections. There is no mention of sleep issues or sleep medications. She was taking it on 11/26/13 for sleep. On 01/28/14, there is no mention of Zolpidem in the provider's notes. As of 02/18/14, she was awaiting wrist surgery. She had trouble sleeping. Physical examination of the bilateral wrists revealed diffuse forearm tenderness without specific swelling. The left thumb was tender. Tinel's and Phalen's tests were positive. Finkelstein's test was positive. Range of motion of the wrists, elbows, and forearm were within normal limits. Resisted extension of the long digit was noted to be mildly positive for pain at the radial tunnel and lateral epicondyle. Her motor strength of the wrist was inhibited by forearm pain. She had imaging studies. Her medications included Tramadol, diclofenac, transdermal cream and Zolpidem. She had been prescribed Zolpidem for several months for insomnia. There was no documentation of proper sleep hygiene. She was evaluated by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg one (1) qhs prn #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants page 43, antineuropathic medications page 48, cyclobenzaprine for fibromyalgia page 74 Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for continued use of Zolpidem 10 mg 1 qhs prn #30. The MTUS state that sleep is important to recovery and some medications such as antidepressants, anti-neuropathic, and muscle relaxant medications may be considered to help with sleep. The ODG state regarding 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. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Trials of medications should include the following: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. In addition, good sleep hygiene efforts should be included in the treatment and monitoring plan. Sleep medications may be recommended only for short periods of time in conjunction with other efforts to improve sleep patterns. There is no evidence of a full evaluation of the claimant's sleep complaints, instruction or monitoring of sleep hygiene, or documentation of patterns of use of Zolpidem along with evidence of functional benefit/improvement. The medical necessity of the continued use of Zolpidem 10 mg 1 qhs prn has not been clearly demonstrated.