MAXIMUS Federal Services

Case Number:	CM14-0038662		
Date Assigned:	06/27/2014	Date of Injury:	08/09/2006
Decision Date:	08/14/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 8/9/06. A utilization review determination dated 3/28/14 recommends non-certification of Zolpidem and a urine drug screen (UDS). A UDS in September 2013 was reportedly consistent. A 4/9/14 medical report identifies a burning type of feeling with radiation across the low back into the posterior aspect of her left leg and buttocks as well as intermittent numbness. Pain without medication is 3-8/10 and with medication is 3-7/10. The patient stated that Zolpidem was not authorized. Sleep is better with Zolpidem. On exam, there were no signs of over sedation or aberrant behavior. She has decreased ROM and tenderness. SLR is positive on the left. She has altered sensation in the left L5-S1 and she ambulates with an antalgic gait.

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, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Pain (chronic) (updated 03/10/2014), Zolpidem.

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

Decision rationale: The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. Within the documentation available for review, there is no documentation of what behavioral treatments have been attempted for the condition of insomnia, and there is no indication that Zolpidem is being used for short-term use only as recommended by ODG. In the absence of such documentation, the currently requested Zolpidem is not medically necessary.

Urine Drug Screen.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for a urine drug screen, the MTUS Chronic Pain Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be at a moderate or high risk for opiate misuse, abuse, or diversion. In the absence of such documentation, the current request is not medically necessary.