

Case Number:	CM14-0042814		
Date Assigned:	06/30/2014	Date of Injury:	03/18/2010
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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 Practice 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:

33 yr. old male claimant sustained a work injury on 3/18/10 involving the low back. He was diagnosed with lumbar disc herniation at L4-L5 and radiculopathy. He underwent a decompressive lumbar laminectomy. Post-operatively he used oral analgesics and underwent therapy. A psychiatric examination in 2012 indicated he had a turbulent childhood history and had symptoms of anxiety and depression. A progress note on 4/11/14 indicated he had 4/10 pain with medications and 7/10 without. He had been on Flexeril, Vicoprofen and Naproxen for pain relief. His spine exam was unremarkable for range of motion. Due to difficulties sleeping he had been on Ambien for several years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 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) Treatment in Workers' Compensation, 2014 web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Medications.

Decision rationale: The ACOEM and MTUS guidelines do not comment on Zolpidem. The Official Disability Guidelines were referenced. Ambien is Zolpidem. Insomnia medications are to be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had been on Ambien for years without specific detail on sleep disorder and work-up for sleep disturbance. Adjustment to medications was not made and sleep history was not followed over time. Based on the above guidelines, Zolpidem is not medically necessary.