

Case Number:	CM14-0043467		
Date Assigned:	07/02/2014	Date of Injury:	04/27/2010
Decision Date:	08/20/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 38-year-old female who reported an injury on 04/27/2010. The mechanism of injury was not provided. On 05/29/2014, the injured worker presented with poor sleep quality due to pain. Current medications included Ambien, Dilaudid, Fentora, and Zanaflex. On the examination, the injured worker continued to have baseline low back pain to the left with recurrent left leg pain referred and not radicular; increased pain with standing or walking, and had pain in the mid to low back with paraspinal muscle tenderness. There was severe low back pain due to annular disc lesion and fissure at T11-12 and L4-5; lumbar spondylosis left greater than right; and myofascial pain/spasm. The diagnoses were degenerative lumbar/lumbosacral intervertebral disc, lumbago, unspecified myalgia and myositis; thoracic lumbosacral neuritis/radiculitis. The provider recommended zolpidem 10 mg with a quantity of 30. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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 (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.

Decision rationale: The Official Disability Guidelines state that zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short term, usually 2 to 6-week treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short-term benefit. While sleeping pills and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit-forming, and 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. The included medical documentation notes that the injured worker had complaints of poor sleep quality due to pain. However, there is no objective assessment of insomnia symptoms. These would include the injured worker has symptoms relating to sleep maintenance, quality of sleep, next-day functioning, and problems with sleep initiation or early awakening. The severity of insomnia was not addressed. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.