

Case Number:	CM14-0057339		
Date Assigned:	08/13/2014	Date of Injury:	04/01/1996
Decision Date:	09/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

Patient is a 70 year-old male with date of injury 04/01/1996. The medical document associated with the request for authorization; a primary treating physician's progress report dated 02/03/2014, list subjective complaints as neck pain with radicular symptoms down both arms. Objective findings: Examination of the cervical spine revealed restricted range of motion and tenderness to palpation of the paravertebral muscles bilaterally. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arms. Upper limb reflexes were equal and symmetrical. Diagnoses include lumbar disc degeneration, lumbar radiculopathy, disc disorder-cervical, and cervical radiculopathy. The medical records provided for review document that the patient has been prescribed Trazodone for approximately one month. This is a request for authorization for Zolpidem Tartrate 10mg, #45 SIG: 1.5 at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition: Pain (Chronic): Zolpidem (Ambien) <http://www.odg-twc.com/odgtwc/pain.html>.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Given the above, the request for Zolpidem Tartrate 10mg #45 is not medically necessary.