

Case Number:	CM14-0057573		
Date Assigned:	07/09/2014	Date of Injury:	01/03/2008
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 56-year-old male who was reportedly injured on January 3, 2008. The mechanism of injury was noted as a fall down a flight of stairs. The most recent progress note dated March 27, 2014, indicated that there were ongoing complaints of low back pain. It was noted that the current pain control regimen that included Suboxone is insufficient to meet the patient's pain needs. The physical examination demonstrated a hypertensive (140/86) individual who has a normal speech pattern, a slow steady gait pattern, mild muscle spasm noted and tenderness to palpation in the lower lumbar spine. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, spinal cord similar, and pain management techniques. A request was made for Suboxone and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem CR 12.5 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Treatment Guidelines; Work Loss Data Institute.

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 updated July, 2014.

Decision rationale: This medication is a short acting, non-benzodiazepine hypnotic that is approved for short-term use. The normal usage of this medication is 2-6 weeks and is not indicated for chronic or indefinite use. While understanding of sleep hygiene is an important component of a chronic pain protocol, the medication is not intended for long-term use or chronic pain. Therefore, the medical necessity of this medication has not been established.