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| Case Number: | CM14-0060292 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/12/2005 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 54-year-old male who was injured on July 12, 2005. The patient continued to experience pain in his right shoulder, lower back, bilateral hips, and bilateral knees. Physical examination was notable for antalgic gait, tenderness of the left hip, tenderness of the left sacroiliac joint, tenderness of the right paraspinal area, trigger points of the iliolumbar region, normal motor strength, and decreased sensation of the left middle finger. Diagnoses included displacement of lumbar intervertebral disc without myelopathy, displacement of the thoracic intervertebral disc without myelopathy, and lumbar post-laminectomy syndrome. Treatment included trigger point injections, medications, Request for authorization for Zolpidem 10 mg # 60 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10Mg Tablet #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. Due to adverse effects, FDA now requires lower doses for zolpidem. In this case the patient had been taking Zolpidem since at least November 2013. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.