

Case Number:	CM14-0071379		
Date Assigned:	07/14/2014	Date of Injury:	05/27/2010
Decision Date:	10/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 Psychiatry 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:

This is a 59-year-old male with a 5/27/10 date of injury. A specific mechanism of injury was not described. The UR decision dated 5/5/14 refers to a progress note dated 3/1/14, however it was not provided for review. It stated that the patient felt much better. He may need knee replacement. Physical examination revealed fair grooming. The patient was alert and oriented to three spheres. He was cooperative with an engaging mood. His affect was appropriate. Diagnostic impression: major depressive disorder and insomnia. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 5/5/14 denied the request for Zolpidem. No current sleeping difficulties were described that might substantiate the request. Response to prior use was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg #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-Treatment for Workers Compensation-online edition; Chapter: Pain

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, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. It is not noted how long the patient has been taking Ambien. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Zolpidem 5mg #30 is not medically necessary.