

Case Number:	CM14-0075907		
Date Assigned:	07/16/2014	Date of Injury:	05/22/2007
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 7/7/14 office report notes the injured worker has chronic pain in the lumbar spine and has received treatment of spinal cord stimulator. Medical notes indicate improvement of the pain with treatments. With decreased pain and improved sleep, zolpidem was decreased to 5 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30, plus five (5) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Ambien.

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

Decision rationale: The Official Disability Guidelines (ODG) support short term use of sleep agent such as Zolpidem for 4 to 6 weeks. The medical records provided for review indicate improvement in symptoms with plan to reduce zolpidem dose to 5 mg at bedtime. As such 10 mg at bedtime for 6 months is not supported based on the medical records or supported by ODG. Therefore, the request for Zolpidem 10mg #30, plus five (5) refills is not medically necessary and appropriate.