

Case Number:	CM14-0079579		
Date Assigned:	07/18/2014	Date of Injury:	12/09/2006
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation, 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:

The patient is a 63 year old man who fractured his right wrist when he was hit by a car travelling at 20 mph on 12/9/2006. He eventually developed complex regional pain syndrome (CRPS) of the right arm. He has been treated with stellate ganglion blocks, thoracic sympathectomies, spinal cord stimulator, medication and physical therapy. Physical exam was significant for decrease range of motion in the right fingers by 50%, mottled skin and sensitivity to light touch. Diagnoses include CRPS and right wrist fracture. The request is for Zolpidem 12.5 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg nightly #30 +2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, there is no diagnosis of insomnia. There are no comments on what Zolpidem is being used for,

efficacy, dose titration or reason justifying the chronic use of the medication as opposed to the short-term use recommended by ODG Guidelines. There is insufficient information in the medical records provided to establish medical necessity. As such, the request is not medically necessary.