

Case Number:	CM14-0082416		
Date Assigned:	07/21/2014	Date of Injury:	08/09/2006
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 Illinois. 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 43-year-old female who reported injury on 08/09/2006. Mechanism of injury was not submitted in documentation. She has diagnoses of chronic lower back pain with muscle spasm and radiculopathies, right more than left, radiculopathic pain radiating from lumbar sacral spine to both lower extremities, opioid induced constipation controlled with Colace, pain induced depression partially controlled with Cymbalta, gastrointestinal irritation and gastro esophageal reflux disorder aggravated by prolonged intake of nonsteroidal anti-inflammatory medications and analgesic medications. Past medical treatment includes the use of a transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, and medication therapy. Medications include Lamictal 100 mg before bed, OxyContin 80 mg 3 times a day, Docusate 250 mg daily, Zolpidem 10 mg before bed, Omeprazole 20 mg 2 times a day, Cymbalta 60 mg daily, and Amrix 15 mg before bed. There were no diagnostics submitted for review. The injured worker complained of severe lower back pain that continued to radiate to the right lower extremity. She described it as cramping in the right lower extremity and numbness in the right foot and rated her pain at a 3/10 to 5/10 without medication and a 1/10 to 2/10 with medication. The physical examination dated 03/13/2014 revealed that the injured worker's lumbar spine had a flexion of 45 degrees, sacral hip flexion of 20 degrees, true lumbar flexion of 25 degrees, sacral hip extension of 0 degrees, true lumbar extension of 10 degrees, sacral bending of 0 degrees, right lateral bending of 20 degrees, sacral bending of 0 degrees, left lateral bending of 10 degrees, right supine straight leg raising of 65 degrees and left supine straight leg raising of 65 degrees. The examination revealed that she had tenderness at the thoracolumbar junction of 2 on the right side and 0 on the left. There was tenderness at the lumbar sacral junction, right side was 2 and left side was 0. Muscle strength of the knee extensors was 5 on the left and 4 on the right, ankle dorsiflexors was 5 on the left and 4 on the right, ankle plantar flexors was 5 on the

left and 4 on the right, and ankle invertors were 5 on the left and 4 on the right. The treatment plan was for the injured worker to continue Zolpidem 10 mg every night to allow for weaning off of Zolpidem. The provider was trying to wean her off of the medication. The Request for Authorization form was submitted on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG EVERY NIGHT #30 ONE REFILL TO ALLOW FOR WEANING OFF OF ZOLPIDEM 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, 12TH EDITION, 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, Zolpidem (Ambien).

Decision rationale: Official Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting no benzodiazepine hypnotic, appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. Progress note dated 11/21/2013 revealed that the injured worker had been taking Zolpidem since at least this time. The Official Disability Guidelines stipulate that this medication should be short term, generally 2 to 6 weeks. The injured worker exceeds the guidelines. As such, the request for Zolpidem 10mg every night #30 one refill to allow for weaning off of Zolpidem 10mg is not medically necessary.