

Case Number:	CM14-0090364		
Date Assigned:	07/23/2014	Date of Injury:	04/11/2006
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a male patient with a date of injury of April 11, 2006. A utilization review determination dated June 6, 2014 recommends non-certification of Zolpidem Tartate ER 12.5mg #30. A progress note dated March 21, 2014 identifies a subjective complaint of right lower back pain for a few days. There is no radiation to the lower extremities, no injury from lifting, long history of shoulder pain, and return of ear pain that had been previously improved after using Cortisporin Otic solution. Physical examination identifies small white coating in the ear canal, and mild localized tenderness of the right paraspinal muscles at the L4 level. Diagnoses include acute low back pain and otitis externa. The treatment plan recommends Ketoprofen and ice pad for acute low back pain, Cortisporin Otic solution, Anusol-HC 2.5%, BenGay ultra strength, DOK 250mg, Famotidine 40mg, Hydrocodone-Acetaminophen 10/325mg, Lisinopril 20mg, Omeprazole 20mg, Rectiv 0.4%, Sertraline 50mg, and Zolpidem Tartate ER 12.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate ER 12.5mg #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 (ODG).

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

Decision rationale: Regarding the request for Zolpidem Tartate ER 12.5mg #30, the MTUS guidelines are silent regarding the use of sedative hypnotic agents. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia. There is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring. No statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Zolpidem treatment. Finally, there is no indication that Zolpidem is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Zolpidem Tartate ER 12.5mg #30 is not medically necessary.