

Case Number:	CM14-0090376		
Date Assigned:	07/23/2014	Date of Injury:	10/01/2009
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
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, 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 49 year old male who was injured on 10/01/2009. He fell on a wet cement floor. Prior treatment history has included the following medications: hydrocodone, Zolpidem and ibuprofen. Treatment has included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. Progress note dated 12/17/2013 documented the patient with persistent low back pain of 5-6/10 in severity. Most of the pain radiates to the left thigh in the anterior aspect and he describes his pain as stabbing and throbbing type of pain. Current medications are helping for pain without adverse effects. He continues to have difficulty sleeping and is requesting prescription for Zolpidem, which helps for difficulty sleeping. Objective findings reveal lumbar paraspinal muscles and stiffness in the lumbar spine. Tenderness is noted in the left posterior superior iliac spine and lumbar facet joint. Straight leg raising is noncontributory in bilateral lower extremities. Strength is 5/5 in bilateral lower extremities. Diagnoses: 1) Chronic low back pain 2) Left sacroiliitis 3) Possibility of left lumbar radiculopathy 4) Myofascial pain 5) Insomnia secondary to chronic pain. Treatment Plan: Hydrocodone, Flector patch, Zolpidem. Progress note dated 04/09/2014 documented the patient with complaints of low back pain reported 5/10 in severity. Objective findings revealed spasms in the lumbar muscles with stiffness with limited mobility secondary to pain but intact sensation and strength. Utilization report dated 07/23/2014 denied the request for Zolpidem because medical necessity was not established. It was noted the patient received Ambien over five months ago and it is approved by the FDA and ODG for short term use. There was no documentation regarding sleep hygiene education.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG #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), PAIN CHAPTER, ZOLPIDEM (AMBIEN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental illness and stress: Zolpidem.

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." Additionally, there is no documentation of a thorough assessment of insomnia to identify treatable causes such as pain, anxiety / depression or other conditions. Also, it is unclear from the records for how long he has been prescribed this medication as the guidelines only recommend short-term use for 2-6 weeks. Thus, the request for Zolpidem 10mg #30 is not medically necessary and appropriate.