

Case Number:	CM14-0110139		
Date Assigned:	09/16/2014	Date of Injury:	08/09/2006
Decision Date:	12/03/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 44 year old female who sustained an industrial injury on 8-9-06. A review of the medical records indicates that the worker is undergoing treatment for 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, and gastro-intestinal irritation and gastro-esophageal reflux disorder aggravated by prolonged intake of nonsteroidal anti-inflammatory and analgesic medications. Subjective complaints (5-8-14) include pain with increased crying spells, right lower extremity paresthesias, and increased numbness and weakness. Objective findings (5-8-14) include a slow staggered gait, pressure over the facets at L5-S1 on the right aggravated pain and was tolerated on the left, facet loading on the right aggravated pain, tenderness at L3, L4, L5 on the right, right calf-excessive tenderness to touch, and loss of sleep rated at (1) mild (3-13-14) and (2) moderate (5-8-14). Walking short periods is sometimes tolerated and she continues to volunteer weekly. Sleep is reported as 6 hours a night with 2 interruptions due to discomfort and 30 minutes to inductions, with an Epworth score of 2. Zolpidem is noted to mitigate sleep and has ameliorated symptoms by over 50%. A signed opiate contract is noted as of 10-24-13. A request for authorization is dated 6-17-15. Previous treatment includes Zolpidem (since at least 1-16-14), OxyContin, Lyrica, Norco, Prilosec, Cymbalta, Colace, Amrix, Lamictal, and Flector patch. The requested treatment of Zolpidem 10mg #30 was non-certified on 7-2-14.

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- Pain chapter - Zolpidem (Ambien).

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien/Zolpidem is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommends short course of treatment. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The chronic use of Ambien is not medically appropriate. Therefore, the request is not medically necessary.