

Case Number:	CM14-0127942		
Date Assigned:	09/05/2014	Date of Injury:	03/17/2012
Decision Date:	01/27/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Practice, and is licensed to practice in Florida. 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:

This is a male who suffered an industrial related injury on 3/17/12 after falling into an open manhole. A physician's report dated 1/17/14 noted the injured worker had complaints of lower back pain, right knee pain, and right ankle pain. Numbness in the right buttock and lateral aspect of the thigh, intermittent right knee pain, and right ankle pain was also noted. The injured worker was taking Ambien, Norco, Ibuprofen, Prozac, Migranal, Vicodin, Lisinopril, and Levothyroxine. The physical examination revealed normal range of motion in the ankles and knees. A moderate amount of spasm from T5 down to the lumbar spine was noted. Diagnoses included chronic low back pain, intermittent right knee pain, chronic right ankle pain post arthroscopic debridement, depression, and possible hypogonadism secondary to opiate use. The injured worker was recommended to work with modifications. On 7/22/14 the utilization review (UR) physician denied the request for Zolpidem 10mg #30. The UR physician noted long term daily use of Zolpidem is not supported as this medication is recommended for use for 2-6 weeks. There is risk for dependence and evidence that the long term use can increase pain and depression.

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

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

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.