

Case Number:	CM14-0180033		
Date Assigned:	11/04/2014	Date of Injury:	08/19/2007
Decision Date:	01/06/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Medicine 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 51-year-old male who suffered an industrial related injury on 8/19/07. A physician's report dated 4/23/14 noted the injured worker had complaints of low back pain radiating to the lower extremities and difficulty sleeping secondary to pain. The treating physician noted the injured worker was tolerating prescribed medications and previous trigger point injections administered on 1/22/14 were helpful although the effect wore off after a few weeks. A physician's report dated 9/15/14 noted palpation revealed tender trigger points over the low back, buttocks, and upper spine with muscle twitch points. The treating physician's impressions included status post anterior and posterior lumbar fusions, myofascial pain syndrome, and severe sleep apnea. The injured worker received trigger point injections over the right and left low back and buttocks on 9/15/14. The injured worker was prescribed Ambien and Ativan for sleep. On 10/1/14 the utilization review (UR) physician denied the request for Zolpidem 10mg #30. The UR physician noted that based on the Medical Treatment Utilization Schedule guidelines and the documentation provided for review, this request is recommended to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 77-78 and 114.

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

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications. The Official Disability Guidelines (ODG) states concerning Ambien (Zolpidem) that it is a prescription short acting non-benzodiazepine 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. Therefore, this request for Zolpidem is not medically necessary.