MAXIMUS Federal Services

Case Number:	CM14-0195180		
Date Assigned:	12/02/2014	Date of Injury:	07/15/1993
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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 Interventional Spine 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 69 year old female with an injury date of 07/15/93. Based on the 08/18/14 progress report, the patient complains of lower back pain which radiates down her right buttock and down her right leg. She has worsening left-sided neck pain that radiates into her left arm. She has numbness in both hands and cannot grip or grasp items. She rates her neck and back pain as an 8/10. The 09/15/14 report indicates that that the patient's neck has "locked up." She rates her neck pain as a 9/10 and her lower back pain as a 6/10. The 10/20/14 report states that the patient has worsening neck pain which she rates as a 9/10. There were positive bowel sounds heard throughout. Lower back exam revealed a limited range of motion. There is sensory loss to light touch and pinprick at the left lateral calf and bottom of her foot. Her bilateral shoulder exam reveals tenderness over the subacromions. There is mild limited range of motion in all planes with positive crepitus on circumduction passively of the shoulders with mildly positive impingement signs. The patient's diagnoses include neck pain; history of cervical sprain/strain with underlying spondylosis with cervicogenic headaches; lumbar sprain/strain; bilateral carpal tunnel syndrome, stable; bilateral wrist pain with chronic tendonitis, stable; and history of bilateral shoulder pain with chronic tendinopathies. MRI revealing multilevel spondylotic change with spinal stenosis at L4-L5 and L5-S1 with osteophyte spur complex impinging on the left S1 nerve root, improved with epidural injection recently (date of MRI not provided). The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 05/14/14 - 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tab 10 mg: 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, Insomnia treatment, Mental and stress chapter, Zolpidem

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

Decision rationale: According to the 10/20/14 report, the patient presents with neck pain and lower back pain. The request is for Zolpidem tab 10 mg. The report with the request was not provided and none of the reports provide any discussion regarding Zolpidem. MTUS and ACOEM Guidelines are silent with regards to this request. However, Official Disability Guidelines, Mental Illness and Stress Chapter states, "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Progress reports do not indicate that the patient has been prescribed Zolpidem in the past. In this case, the patient is not diagnosed with insomnia, as required by the Official Disability Guidelines. None of the reports provided discuss any difficulty of sleep the patient may have. The provider also does not mention that this is to be used for a short-term. Official Disability Guidelines supports only 7-10 days of this medication for insomnia. Therefore, the requested Zolpidem is not medically necessary.