

Case Number:	CM14-0196324		
Date Assigned:	12/04/2014	Date of Injury:	08/26/2010
Decision Date:	05/04/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male patient who sustained an industrial injury on 08/26/2010. The patient underwent a left knee arthroscopy, and partial lateral meniscectomy without complication. A primary treating office visit dated 02/10/2014 reported the patient remaining symptomatic with ongoing complaints of right shoulder, neck, lumbar spine and left knee pain. Of note, there is a shoulder surgery recommendation pending authorization. Furthermore, there is authorization of medical clearance along with post-operative rehabilitation for both the right shoulder and the left knee. The patient will be referred for pain injection treating the lumbar complaint. Prior diagnostic testing and or treatment to include radiography study, magnetic resonance imaging, acupuncture, physical therapy, and oral analgesia. The patient noted undergoing right shoulder arthroscopy on 08/14/2014 without complication. He was discharged to home with pain medication and follow up care. A primary treating office visit dated 04/17/2014 reported the patient being post-operative, and with subjective complaint of constant pain and discomfort in the lumbar spine that radiates down into bilateral legs. He also is with complaint of constant pain in the left knee. The following diagnoses are applied: impingement syndrome right shoulder; supraspinatus tendinosis right; marked acromioclavicular arthrosis; intraseous cyst with later humeral head; contusion strain/sprain bilateral elbows; T2-L1 disc extrusion; T5-T6 right paracentral disc extrusion; T10-11 osteophyte complex; T11-T12 osteophyte complex; musculoligamentous spain lumbar spine; disc bulge L2-L3, L3-L4 with bilateral neuroforaminal narrowing; radiculopathy; contusion sprain bilateral knees; tear

posterior horn of medial meniscus; chondromalacia patella left knee and status post left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.