

Case Number:	CM14-0202435		
Date Assigned:	12/15/2014	Date of Injury:	05/21/2005
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehabilitation 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:

According to the records made available for review, the injured worker is a 69 year-old male with a date of injury of 05/21/2005. The results of the injury include chronic low back pain. Diagnoses include radicular syndrome of lower limbs; post-laminectomy syndrome, lumbar region; and chronic low back pain. Diagnostic studies have not been included for review. Treatments have included medications, abdominal binder, and lumbar epidural steroid injections. Medications have included Gabapentin, Lidoderm patches, and Zolpidem. The injured worker has a history of prior surgery, including a L4-S1 lumbar fusion, performed on 08/25/2003. Progress notes from the treating physician submitted for review do not contain objective assessments of the injured worker. A progress noted from the treating physician, dated 10/30/2014, describes an Analgesic Adherence Program. On this date, the injured worker is documented to have an increased level of activity in response to medication. The injured worker is also noted to report analgesia from medication consumption, denial of any adverse effects of these medications, shows no evidence of aberrant drug taking behaviors, and shows appropriate affect. On this date prescriptions for medications including Ambien (zolpidem tartrate), gabapentin, and Lidoderm patches were refilled by the treating physician. Request is being made for Zolpidem 10 mg #30. On 11/17/14, Utilization Reviewer non-certified a prescription for Zolpidem 10 mg #30 based on the lack of documentation of medical necessity for the requested medication. The Utilization Review cited the ODG Treatment in Workers' Compensation, 12th Edition, 2014, Pain Chapter: Insomnia Treatment: Zolpidem. Application for independent medical review is dated 12/05/2014.

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 (ODG), 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) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: This 69 year-old male sustained a low back injury on 5/21/2005. Diagnoses include radicular syndrome of lower limbs; post-laminectomy syndrome, lumbar region; and chronic low back pain. Diagnostic studies have not been included for review. Treatments have included medications, abdominal binder, therapy, lumbar epidural steroid injections, and modified activities/rest. Medications list Gabapentin, Lidoderm patches, and Zolpidem. The injured worker has a history of prior surgery, including s/p L4-S1 lumbar fusion, performed on 08/25/2003. The patient continues to treat for chronic ongoing symptoms. Report of 10/30/14 from the provider describes an Analgesic Adherence Program. On this date, the injured worker is documented to have an increased level of activity in response to medication; analgesia from medication consumption, denial of any adverse effects of these medications; no evidence of aberrant drug taking behaviors; and shows appropriate affect. Treatment included prescription refills for Ambien (zolpidem tartrate), gabapentin, and Lidoderm patches. Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2005 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Zolpidem 10mg #30 is not medically necessary and appropriate.