

Case Number:	CM14-0033811		
Date Assigned:	06/20/2014	Date of Injury:	07/11/2006
Decision Date:	01/14/2015	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 injured worker is a 64-year-old male, with a reported date of injury of 07/11/2006. The diagnoses include spinal stenosis in the cervical region, incomplete quadriplegia at C1-C4, brachial neuritis or radiculitis, cervical spinal stenosis and alkalosis of the shoulder joint. The treatments have included Butrans 20mcg, Hydrocodone/APAP 10/325mg, and Ambien CR 12.5 mg. He had been on Ambien since at least September 2013. The progress report (PR-2) dated 02/10/2014 indicated that the injured worker reported that he was having a lot of side effects to the patches. He stated that he was having swelling in his legs, eyes twitching, and shaking of his hands. He denied having any improvement of the pain. The physical examination revealed moderate swelling of the bilateral lower extremities; cervical tenderness with paraspinal spasms and complete muscle spasms and tenderness throughout; decreased sensation to the bilateral lower extremities. The Butrans patch was discontinued, and he was switched back to six (6) tablets of Norco per day. The treating provider prescribed Zolpidem Tartrate during this visit. On 02/24/2014, Utilization Review (UR) denied the request for Zolpidem Tartrate ER (extended-release) 12.5mg #30. The UR physician cited the Official Disability Guidelines and noted that the medical records lacked documentation as to whether the injured worker is a candidate for a non-pharmacological management; whether sleep hygiene has been addressed; and whether the cause of the sleep disturbance had been adequately assessed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Zolpidem Tartrate ER 12.5 mg, #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 2013: Zolpidem. (Feinberg, 2008; Morin, 2009)

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

Decision rationale: Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. The use of Zolpidem is not medically necessary.