

Case Number:	CM14-0068578		
Date Assigned:	07/14/2014	Date of Injury:	05/10/2011
Decision Date:	07/27/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 63 year old male, who sustained an industrial injury on May 10, 2011, incurring low back and shoulder injuries working as a fireman. He was diagnosed with lumbar sprain, shoulder sprain, bilateral rotator cuff tendinitis, peripheral neuropathy, complex regional pain syndrome of the left lower extremity, depression with anxiety and sleep disorder. Treatment included imaging, Magnetic Resonance Imaging, cortisone injections, anti-inflammatory drugs, topical analgesic gels, neuropathic medications, sleep aides, pain medications, antidepressants and work restrictions. Currently, the injured worker complained of left lower extremity burning and spasms with burning pain and tingling in the toes, persistent shoulder and low back pain. He had an unsteady gait with frequent loss of balance due to left leg pain. The treatment plan that was requested for authorization included a prescription for Zolpidem/Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem/Ambien 10 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 (ODG).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not certified.