

Case Number:	CM15-0103151		
Date Assigned:	06/05/2015	Date of Injury:	01/29/2003
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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:

This 52 year old female sustained an industrial injury to the low back, bilateral hips, right knee and right shoulder on 1/29/03. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, injections and medications. In a progress note dated 5/5/15, the injured worker complained of low back pain with radiation to bilateral lower extremities associated with weakness as well as right knee, shoulder and hip pain. No physical exam was documented. Current diagnoses included right hip osteoarthritis, lumbar spine degenerative disc disease, ventral incisional hernia, chronic pain, cervical spine radiculitis, shoulder disorder and osteoarthritis of knee. The treatment plan included prescriptions for medications (Hydro-morphone, Lidoderm patch, Metoclopramide, MS Contin, Zofran and Zolpidem), scheduling Synvisc injections and a psychiatry consultation, requesting authorization for an orthopedic consultation, a loading knee brace and physical therapy for the right shoulder, hip and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5 mg Qty 10, for 10 days: Overturned

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 - Zolpidem (Ambien); Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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. The request is not in excess of these recommendations and therefore is medically necessary.