

Case Number:	CM15-0106055		
Date Assigned:	06/10/2015	Date of Injury:	06/05/2013
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, California
 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 is a 27 year old male patient who sustained an industrial injury on 06/05/2013. Current diagnoses include thoracic sprain/strain, thoracic spine myalgia, right wrist sprain/strain, right carpal tunnel syndrome, right ankle sprain/strain, anxiety, and stress. Initial injuries were sustained to the back after stepping off of a work trailer and tripping over a hose. Per the doctor's note dated 4/14/2015, he had complaints of pain over the thoracic spine, right shoulder, right wrist, right knee and right ankle. Per the note dated 02/03/2015 he had complaints of back, right knee, and right wrist pain, anxiety, and stress. Pain level was 8 out of 10 (back), 6 out of 10 (right knee), and 7 out of 10 (right wrist) on a visual analog scale (VAS). Physical examination revealed decreased range of motion in the thoracic spine, right wrist, right knee, and right shoulder, tenderness to palpation in the thoracic paravertebral muscles and medial and lateral joint line; positive Phalen's, McMurray's, and impingement tests. The medications list includes gabapentin and zolpidem. Previous treatments included medications and physical therapy. The treatment plan included prescribing gabapentin and ambien, performed a urinalysis, and ordered topical compounds. Disputed treatments include retrospective Zolpidem 10 mg #30 with a dos of 4/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zolpidem 10 mg #30 with a dos of 4/14/2015: 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, Zolpidem Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Pain (updated 06/15/15) Zolpidem (Ambien).

Decision rationale: Retrospective Zolpidem 10 mg #30 with a dos of 4/14/2015. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia was not specified in the records provided. In addition, zolpidem is approved for short-term use only. A detailed history related to insomnia was not specified in the records provided. The medical necessity of Retrospective Zolpidem 10 mg #30 with a dos of 4/14/2015 was not fully established for this patient at this time.