

Case Number:	CM15-0017720		
Date Assigned:	02/05/2015	Date of Injury:	04/04/2003
Decision Date:	04/22/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 4/04/2003. She was diagnosed as having cervical degenerative disc disease and cervical herniated disc. Treatment to date has included physical therapy, diagnostics, work restriction, injections and medications. She is six months status post shoulder surgery for which the details have not been provided. Per the Primary Treating Physician's Progress Report dated 12/02/2014, the injured worker reported residual problems with her right hand including cramping with handwriting. She reports pain in the rhomboid muscle area medial to the right scapula. This area is tender. Objective findings are documents as "none." The plan of care included medication management, temporary total disability for the next 6 weeks and a follow up appointment in 3 months. Authorization was requested on 1/27/2015 for Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tab 10mg day supply 30 QTY: 30 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-benzodiazepine sedative hypnotic and Opioids Page(s): 93, 78-80, 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter on zolpidem.

Decision rationale: The patient presents with right shoulder pain. The patient is status post right shoulder surgery from 04/23/2014. The physician is requesting ZOLPIDEM TABLET 10 MG DAILY SUPPLY 30 QUANTITY 30 REFILLS THREE. The RFA from 01/27/2015 shows a request for Ambien 10 mg 1QHS quantity 30 + 3 refills. The patient's date of injury is from 04/04/2003 and she is currently temporarily totally disabled. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien prior to 10/15/2014. The patient has a history of insomnia. In this case, the ODG guidelines do not support the long-term use of Ambien. The request is not medically necessary.