

Case Number:	CM15-0132487		
Date Assigned:	07/20/2015	Date of Injury:	06/01/2012
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55-year-old female, who sustained an industrial injury on 06-01-2012, secondary to a fall, landing on her right hip and knee. On provider visit dated 06-03-2015 the injured worker has reported back and right hip pain, on examination of the right hip revealed tenderness. The diagnoses have included sprain hip and thigh not otherwise specified and bursitis of right hip. Treatment to date has included medication and physical therapy. The injured worker was noted to be retired. The provider requested Zolpidem Tartrate 10mg QTY: 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists
 (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: Zolpidem is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. In this patient, there is no clear documentation of insomnia that justifies the long term use of Zolpidem. There is no documentation of sleep study that better characterize the patient insomnia. There is no periodic objective documentation of the effect of previous use of Zolpidem on the sleep quality and the patient functionality. Zolpidem could be used as an option to treat insomnia after failure of first line medications and non-pharmacologic therapies however it should not be used for a long-term without periodic evaluation of its need. In this case, there is no evidence of sleep improvement with the use of the Zolpidem. Therefore, the prescription of Zolpidem 10mg #30 is not medically necessary.