

Case Number:	CM15-0136986		
Date Assigned:	08/07/2015	Date of Injury:	04/01/1993
Decision Date:	09/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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 69 year old female, who sustained an industrial injury on 4-1-93. The injured worker was diagnosed as having long-term use of medications, myoclonus, neck pain, cervicobrachial syndrome and medial epicondylitis. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Norco, Topiramate, Zolpidem, Lexapro, Klonopin, Baclofen, Bupropion, Senna, Tizanidine, ranitidine, Cyclobenzaprine, Evista and a multivitamin; topical Lidocaine cream, Fentanyl patch and Flector patch. Currently on 5-11-15, the injured worker called the provider for a refill of her medications. The most recent physical exam included with documentation was dated 11-19-15 and noted tenderness to palpation over the right acromion and limited range of motion of right shoulder, non-antalgic gait and myofascial spasms and guarding over the bilateral cervical paraspinal region involving the bilateral trapezii and scapular borders. A request for authorization was submitted for Zolpidem 10mg #30 on 6-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 10mg #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter under Zolpidem.

Decision rationale: The 69 year old patient presents with myoclonus, neck pain, cervicobrachial syndrome, medial epicondylitis, and long-term use of medications, as per progress report dated 05/11/15. The request is for ZOLPIDEM TARTRATE 10mg #30 WITH THREE REFILLS. The RFA for this case is dated 06/11/15, and the patient's date of injury is 04/01/93. Current medications, as per progress report dated 05/11/15, included Norco, Lidocaine cream, Topiramate, Zolpidem, Klonopin, Escitalopram, Baclofen, Bupropion, Flector patch, Senna S, Tizanidine, Docusate, Ranitidine, Cyclobenzaprine, Fentanyl patch, Evista, Fish oil, Multivitamin with minerals, Vitamin B, Vitamin E, Zantac, Abilify, Lamictal, Zoloft and Clonazepam. EMG/NCV, dated 08/15/11 and reviewed in progress report dated 11/19/14, revealed moderate left carpal tunnel syndrome. MRI of the cervical spine, as per the same progress report, revealed multilevel degenerative disc disease with varying degrees of foraminal stenosis. The patient is off work, as per the same report. ODG guidelines, Pain (Chronic) chapter under Zolpidem, state that the medication is indicated for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also state they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. "Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, a prescription for Zolpidem is first noted in progress report dated 11/04/14, and the patient appears to be taking the medication consistently at least since then. It is not clear when this medication was first prescribed. In progress report dated 11/19/14, the treater states that the Zolpidem helps with nightly insomnia. There is no further discussion regarding the patient's insomnia symptoms or the efficacy of the drug. Additionally, ODG only recommends it for short-term (7-10 days) treatment of insomnia. The treater's request for Zolpidem # 30 with 3 refills exceeds that limit. Hence, the request IS NOT medically necessary.