

Case Number:	CM15-0137666		
Date Assigned:	07/27/2015	Date of Injury:	07/02/2010
Decision Date:	09/24/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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 66 year old female patient, who sustained an industrial injury on July 2, 2010. She sustained the injury due to tripped on computer cords and fell. The diagnoses include sciatica, degeneration of intervertebral disc, chronic pain syndrome, knee pain, and degeneration of lumbar intervertebral disc, opioid dependence, lumbosacral spondylosis without myelopathy, low back pain, and neck pain. Per the doctor's note dated 8/3/15 and 6/25/15, she had complaints of chronic low back pain. She had pain at 9/10 on the visual analog scale (VAS) and managed with medications, unable to decrease her Norco due to increased pain and insomnia. She has a history of significant pain medication dependence and a prominent mood disorder. The physical examination revealed wheelchair dependent with braces on both knees. The current medications list includes Colace, Lipitor, Lisinopril, Norco, Nortriptyline, Pennsaid, Plavix, Ranexa, Tizanidine, and Zolpidem. She has undergone bilateral knee surgeries. She has had lumbar ESI and physical therapy for this injury. The treatment plan was noted to include discussion of consideration for weaning off the Ambien in the future once able to taper off the Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter : Pain (updated 09/08/15) Zolpidem (Ambien®).

Decision rationale: Zolpidem 20mg #30 with 1 refill. 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 detailed history related to insomnia is not specified in the records provided. A trial of other non-pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Zolpidem 20mg #30 with 1 refill is not medically necessary for this patient at this time.