

Case Number:	CM15-0141820		
Date Assigned:	07/31/2015	Date of Injury:	09/07/2001
Decision Date:	09/11/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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:

This 57 year old man sustained an industrial injury on 9-7-2001. The mechanism of injury is not detailed. Diagnoses include shoulder joint pain, traumatic glenohumeral arthritis, and degenerative joint disease of the shoulder. Treatment has included oral medications. Physician notes dated 5-20-2015 show complaints of worsened left shoulder pain and back pain. Recommendations include Edluar, Morphine IR, Morphine ER, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Edluar 10mg #30 with 2 refills: 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 Chapter, Edluar (Zolpidem tartrate).

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 Pyrolopyrazine 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. Zolpidem could be used as an option to treat insomnia; however it should not be used for a long-term without periodic evaluation of its need. In this case, the patient has been taking Edluar for insomnia since at least August 2012 without clear evidence of efficacy. Therefore, the prescription of Edluar 10mg #30 with 2 refills is not medically necessary.