

Case Number:	CM15-0163433		
Date Assigned:	08/31/2015	Date of Injury:	01/28/2015
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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 54 year old female, who sustained an industrial injury on January 28, 2015. She reported injuries to her bilateral knees, bilateral hands, neck and bilateral shoulders. The injured worker was diagnosed as having cervical spine sprain, bilateral knee abrasion, bilateral hand abrasion, bilateral shoulder sprain and muscle spasm of the neck. An evaluation on March 26, 2015 revealed the injured worker complained of bilateral neck pain and discomfort, bilateral upper back pain and discomfort, bilateral low back pain and discomfort and bilateral knee pain and discomfort. She reported worsening neck pain with stiffness and tenderness radiating down the arms. She had an antalgic gait. The injured worker had tenderness to palpation over the bilateral pm and suboccipital region bilaterally. She had limited range of motion and decreased motor strength. The documentation submitted for review did not provide a discussion of the injured worker's issues or complaints related to sleep. Treatment to date has included chiropractic therapy, TENS unit, work restrictions, and medications. A request for Zolpidem tartrate 5 mg 30 mg was received on July 16, 2015. The Utilization Review physician that was Zolpidem tartrate 5 mg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 5mg #30: Upheld

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

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): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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 concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Zolpidem tartrate 5mg #30 is not medically necessary and appropriate.