

Case Number:	CM15-0164712		
Date Assigned:	09/02/2015	Date of Injury:	09/23/2009
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year old male who sustained an industrial injury on 09-23-07. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, psychological treatments, 3 cervical epidural steroid injections, exercise program, acupuncture, psychotherapy, and left shoulder rotator cuff repair. Diagnostic studies include multiple MRIs and x-rays of the neck, left shoulder and left arm. Current complaints include pain in the neck, head, and upper and lower back, both shoulders, left arm, hand, and leg. Current diagnoses include displacement of lumbar and cervical intervertebral disc, and rotator cuff syndrome of shoulder. In a progress note dated 06-15-15 the treating provider reports the plan of care as a multidisciplinary evaluation to evaluate for the appropriateness of a functional restoration program. The requested treatment includes zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg #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 Official Disability Guidelines (ODG), Pain (updated 04/30/15) - Online Version: 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).

Decision rationale: Zolpidem 5mg #30 with 1 refill is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. The documentation does not indicate extenuating circumstances that necessitate this medication long term. The request for Zolpidem is not medically necessary.