

Case Number:	CM15-0166645		
Date Assigned:	09/04/2015	Date of Injury:	11/15/1999
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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 55 year old male, who sustained an industrial injury on 11-15-1999. The injured worker was diagnosed as having pain in joint, site unspecified. Treatment to date has included diagnostics, multiple orthopedic surgeries, and medications. Ambien was prescribed since at least 10-2014, at which time urine toxicology was negative for use. Urine toxicology reports (3-17-2015 and 5-11-2015) were also negative for the use of Zolpidem. Currently (7-08-2015), the injured worker complains of symptoms in his bilateral knees, bilateral hips, and low back. His sleep pattern was not documented. His work status was not documented. Current medication regimen was not documented. The treatment plan included Ambien 12.5mg at bedtime, as needed. Previous progress reports note the use of Ambien 10mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg at bedtime as needed #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), Pain-Zolpidem (Ambien), Zaleplon (Sonata).

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), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Zolpidem ER 12.5mg at bedtime as needed #30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has symptoms in his bilateral knees, bilateral hips, and low back. His sleep pattern was not documented. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Zolpidem ER 12.5mg at bedtime as needed #30 is not medically necessary.