

Case Number:	CM15-0168126		
Date Assigned:	09/08/2015	Date of Injury:	08/29/2012
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina

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 50 year old male sustained an industrial injury to the low back on 8-29-12. Previous treatment included epidural steroid injections, medial branch blocks, massage and medications. In a PR-2 dated 1-2-15, the injured worker complained of low back pain with radiation to the right leg, rated 7 out of 10 on the visual analog scale, associated with stiffness, numbness and tingling. The treatment plan included medications (Anaprox, Fexmid, Protonix, Ambien and Norco). In a PR-2 dated 7-9-15, the injured worker complained of low back pain with radiation to the right leg and foot, rated 8 out of 10 on the visual analog scale, associated with stiffness, numbness and weakness. The injured worker reported getting relief from medications and massage. Physical exam was remarkable for lumbar spine with tenderness to palpation at the L5-S1 spinous process with decreased flexion, positive Kemp's test and positive straight leg raise. Current diagnoses included lumbar spine sprain and strain. The treatment plan included medications (Protonix, Zolpidem, Cyclobenzaprine, Ibuprofen and topical compound creams). Utilization Review denied the request for Zolpidem noting that the injured worker had been on the medication chronically. Previous Utilization Review had approved the medication for weaning. The injured worker should have been safely weaned off the medication at the time of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg 1tab at night #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.