

Case Number:	CM15-0188681		
Date Assigned:	09/30/2015	Date of Injury:	06/12/2012
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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 York, West Virginia, Pennsylvania
 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 59 year old female, who sustained an industrial injury on 6-12-2012. The injured worker is undergoing treatment for: neck, low back and bilateral shoulder pain. On 5-21-15, and on 8-20-15, she reported worsened pain and worsened instability with ambulation, numbness and weakness in both arms, legs. She also reported headaches. Objective findings revealed her to have a wide based gait, slow to move, utilizing a cane, decreased neck range of motion, and decreased strength in the lower extremities. She is noted to be approved for thoracic spine surgery and Ambien was prescribed to "help with her symptoms". The symptoms were not documented. The records do not discuss a sleep assessment or her sleep hygiene, or cognitive behavioral therapy. The treatment and diagnostic testing to date has included: multiple physical therapy sessions, carpal tunnel release bilateral (2014), and magnetic resonance imaging of the cervical, thoracic, and lumbar spine (9-2-2014). Medications have included: Diclofenac, Prilosec, Norco, and Flexeril. Current work status: unclear. The request for authorization is for: Zolpidem (Ambien) 10mg tablets quantity 30. The UR dated 9-14-2015: non-certified Zolpidem (Ambien) 10mg tablets quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem (Ambien) 10mg #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), Chronic pain-Zolpidem.

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

Decision rationale: Guidelines do not recommend long term use of Zolpidem. In this case, there is no explicit documentation of the duration and frequency of sleep disturbance, results of sleep behavior modification attempts or documentation of failed trials of other guideline supported treatments. The request for Zolpidem 10 mg #0 is not medically appropriate and necessary.