

Case Number:	CM15-0189118		
Date Assigned:	10/01/2015	Date of Injury:	12/28/2011
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 40 year old female who sustained an industrial injury on 12-28-2011. According to a supplemental internal medicine report dated 05-24-2015, the provider made reference to medical records that were reviewed which noted that the injured worker was diagnosed with sleep onset and maintenance insomnia secondary to pain, anxiety and depression. Sleep hygiene, education, cognitive behavior therapy with diary and actigraphy monitoring were recommended. According to a psychological evaluation dated 06-05-2015, the injured worker's mood was sad and depressed. She was more isolated and withdrawn. She reported difficulty sleeping and slept for two to four hours per night without medications. She remained anxious. Diagnoses included pain disorder associated with both psychological factors and a general medical condition, depressive disorder not otherwise specified, anxiety disorder not otherwise specified, moderate right shoulder pain, moderate neck pain, moderate to severe low back pain, moderate to severe right arm pain, numbness and tingling, moderate left arm pain, current level of stressors moderate and global assessment of functioning past year moderate symptoms. According to a partially legible handwritten progress report dated 08-06-2015, the provider noted "patient stopped seeing psych so will write Ambien, Lorazepam." Physical examination was noted as unchanged. Diagnoses included chronic pain, bilateral shoulder pain and neck pain. The treatment plan included Ambien, Lorazepam, Gabapentin, Flexeril and creams. An authorization request dated 08-06-2015 was submitted for review. The requested treatments included Norco, Lorazepam, Fexmid, Gabapentin and Zolpidem 12.5 mg #30. On 08-25-2015, Utilization Review non-certified the request for Zolpidem ER (Ambien) 12.5 mg at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER (Ambien) 12.5mg at bedtime #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 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, sleep aids, zolpidem.

Decision rationale: The medical records provided for review indicate improvement in symptoms with report of significant sleep interference and is taking zolpidem. ODG guidelines support short-term use of sleep agent such as zolpidem for 4 to 6 weeks. As such 10 mg at bedtime for occasional use is supported based on the medical records or supported by ODG. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain.