

Case Number:	CM15-0189165		
Date Assigned:	10/06/2015	Date of Injury:	04/30/1998
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on 4-30-1998. The injured worker was diagnosed as having major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior and other and unspecified disc disorder, lumbar region. Treatment to date has included diagnostics, lumbar spinal surgery in 1999, acupuncture, mental health treatment, and medications. Per the progress report dated 7-07-2015, the injured worker complains of not being able to lose weight, still getting up and eating during the middle of the night. It was documented that she 'eats healthy foods just too much'. She also smoked 3-4 cigarettes per day. Triggers 'may be drinking coffee'. For exercise, she walked daily and sporadically went to the gym. She reported a dry mouth and wished to consider adjusting medications that may be causing this. Her sleep pattern was not described. She was encouraged better portion control and increased exercise, noting that she was not interested in smoking cessation currently. Cymbalta was to be decreased and Fluoxetine increased. Ambien 10mg at bedtime as needed was prescribed since at least 3-10-2015. Per the Request for Authorization dated 9-11-2015, the treatment plan included Zolpidem 10mg #30 with 3 refills, non-certified by Utilization Review on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tab 10mg Day supply: 30, #30 with 3 refills RX date 9/8/15: 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), Stress & Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress, Zolpidem.

Decision rationale: The records indicate the patient suffers from chronic low back pain, insomnia, GERD, and IBS. The current request for consideration is Zolpidem tab 10mg day supply, 30 #30 with 3 refills RX date 9/8/15. The ODG has this to say about Zolpidem: Not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. It can be habit-forming, and it may impair function and memory. Ambien CR offers no significant clinical advantage over regular release Zolpidem, and Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release Zolpidem. Due to adverse effects, recommended doses for Zolpidem have been reduced lately. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. In this case, the medical records would indicate that the patient has been taking hypnotic medication for a prolonged period of time. ODG recommends Zolpidem for short-term use only (usually two to six weeks) in the treatment of insomnia. The available medical records for review do not establish medical necessity for the request of Zolpidem. Therefore, the request is not medically necessary.