

Case Number:	CM15-0190399		
Date Assigned:	10/02/2015	Date of Injury:	10/20/2010
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 10-20-2010. The injured worker is undergoing treatment for: neck strain, and back pain. On 8-20-15, she reported that she smokes ½ packs of cigarettes daily. On 9-14-15, she reported neck and back pain. Her pain level is reported as 9 out of 10. She indicated medications help "some with the pain". She is reported to have continued muscle spasms and muscle tension and feels her pain is gradually worsening. Physical examination revealed tenderness, muscle tension and decreased cervical spine range of motion. The provider noted she reported insomnia secondary to chronic pain, utilizes Ambien intermittently, and reported that she is "unable to get adequate sleep without Ambien". The records do not discuss current complaint of insomnia and do not indicate she is currently undergoing cognitive behavioral therapy. There is no discussion of a current sleep assessment or evaluation of her sleep hygiene. The treatment and diagnostic testing to date has included: medications, AME (1-21-15), magnetic resonance imaging of the lumbar spine (10-13-14), cervical spine magnetic resonance imaging (5-2-11), multiple physical therapy sessions, home exercise program, cervical spine epidural steroid injection (date unclear), TENS, multiple chiropractic sessions, multiple massage therapy sessions, and functional restoration program. Medications have included: Seroquel, Mirtazapine, marijuana, Zanaflex, Zolpidem. The records indicate she has been utilizing Zolpidem since at least March 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Zolpidem tartrate 5mg, quantity 30. The UR dated 9-22-2015: approved Tizanidine 4mg quantity 270; and non-certified Zolpidem tartrate 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg QTY: 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, Treatment Index, 6th Edition (web), 2008, 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 chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.