

Case Number:	CM15-0191931		
Date Assigned:	10/05/2015	Date of Injury:	12/12/2002
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 12-12-2002. The injured worker work status is not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for cervical spondylosis without myelopathy, chronic severe cervical and lumbar radicular pain with failed back syndrome, and lumbosacral spondylosis without myelopathy. Treatment and diagnostics to date has included lumbar spine surgery, cervical spine surgery, physical therapy, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Skelaxin, Lidocaine patches, Lisinopril, Omeprazole, Amitriptyline, Baclofen, Esomeprazole, Hydroxyzine, Ibuprofen, Norco, Venlafaxine, Voltaren topical gel, and Zanaflex. Ambien was noted to be discontinued on 08-01-2014 progress note. After review of progress notes dated 04-10-2015 and 07-03-2015, the injured worker reported chronic cervical and lumbar pain. Physical examination was "deferred" on both dates. The Utilization Review with a decision date of 09-11-2015 non- certified the request for Zolpidem (Ambien) 5mg #30 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem (Ambien) 5mg #30 x 1 refill: 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), TWC Pain Procedure Summary online version, updated 07/15/2015.

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/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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 whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Zolpidem (Ambien) 5mg #30 x 1 refill is not medically necessary.