

Case Number:	CM15-0193928		
Date Assigned:	10/07/2015	Date of Injury:	10/24/2002
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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 53 year old male, who sustained an industrial injury on 10-24-02. The injured worker was diagnosed as having myelopathy, cervical radiculopathy, and cervical disc disorder with myelopathy. Treatment to date has included cervical spine fusion and medication including Hydrocodone, Ketoprofen ER, Omeprazole, and Zolpidem. On 7-22-15 the treating physician noted "the patient has difficulty sleeping due to pain and discomfort. He wakes up several times at night." On 9-16-15, the injured worker complained of numbness and tingling in his hands right worse than left, cervical spine pain, and headaches. On 9-16-15 the treating physician requested authorization for Zolpidem 10mg #15. On 9-24-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #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, Mental Chapter - 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) Treatment of insomnia.

Decision rationale: Guidelines recommend use of Zolpidem for acute and subacute treatment of insomnia and not for chronic ongoing use. This injury occurred in 2002. The request for Zolpidem 10 mg #15 is not medically necessary or appropriate.