

Case Number:	CM15-0193980		
Date Assigned:	10/07/2015	Date of Injury:	02/05/1999
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
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: 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 49 year old male, who sustained an industrial injury on 02-05-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for failed back syndrome with chronic low back pain, lumbar radiculopathy, thoracic disc disease, depression and insomnia. Medical records (01-29-2015 to 7/16/2015) indicate ongoing chronic and severe low back pain with worsening left lower extremity numbness, tingling and weakness. Pain levels were 6-10 out of 10 (with and without medications) on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The psychiatric exam, dated 07-28-2015, revealed continued anxious and depressed mood with ongoing pain, and anger due to the denial of medications. Relevant treatments have included: back surgeries (x4), physical therapy (PT), transforaminal epidural steroid injection with 80% pain relief for more than 6 weeks, pain pump placement, work restrictions, and pain medications. A psychiatric evaluation (06-02-2015) indicated the IW was having difficulties with sleep and that he was taking Ambien, which was reported to be helping a little bit. However, Ambien was not mentioned in the primary treating physician's PRs as a prescribed medication or listed under current medications until 08-04-2015. A RFA with a fax date of 03-10-2015 showed a request for Ambien 12.5mg. The request for authorization (07-28-82015) shows that the following medication was requested: zolpidem (Ambien) 10mg #30. The original utilization review (09-28-2015) partially approved the request for Zolpidem 10mg #30 (modified to #15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg 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, (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain - zolpidem.

Decision rationale: The medical records provided for review do not indicate improvement in pain symptoms or report of significant sleep interference. ODG guidelines support short-term use of sleep agent such as zolpidem or Lunesta for 4 to 6 weeks when there is failure of 6 months of conservative care and sleep hygiene program. As the medical records provided for review do not indicate or document such failure, the medical records do not support a medical necessity for this treatment. Therefore, the request for Zolpidem 10mg #30 is not medically necessary.