

Case Number:	CM15-0201953		
Date Assigned:	10/16/2015	Date of Injury:	03/20/2013
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, 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 54 year old male, who sustained an industrial injury on 3-20-2013. No clinical reports were provided from the date of service (9-11-2015) in question. The medical records indicate that the injured worker is undergoing treatment for low back sprain-strain; rule out radiculopathy. The most current progress note dated 6-5-2015 was hand written and difficult to decipher. The injured worker presented with complaints of low back pain with radiation into the left leg and foot, associated with burning, tingling, and numbness. The physical examination did not reveal any significant findings. The current medications are not specified. Treatments to date include medication management and cervical epidural steroid injection. Work status is described as temporary total disability. The original utilization review (9-21-2015) had non-certified a retrospective request for Zolpidem (unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zolpidem tab 10mg (unspecified quantity) with one refill DOS: 9/11/2015:
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) Pain (Acute and Chronic). Procedure Summary, Zolpidem (Ambien), Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.