MAXIMUS Federal Services

Case Number:	CM15-0207507		
Date Assigned:	10/26/2015	Date of Injury:	09/19/2012
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial injury on September 19, 2012. The worker is being treated for: right knee medial meniscal tear, osteoarthritis; musculoligamentous cervical and lumbar sprain; herniated disc cervical, left shoulder rotator cuff tear. Subjective: April 20, 2015, May 18, 2015 she reported no new injuries since last visit, complaint of "constant left sided neck pain radiating to the left shoulder with cracking and weakness to the arm," "right knee gives out and painful," "right ankle intermittent pain and lower back pain." Objective: April 20, 2015, May 18, 2015, June 15, 2015 noted tender over supraspinatus, coracoid, bicipital groove and AC joint, and left shoulder. Medications: April 20, 2015, May 18, 2105, June 15, 2015, July 13, 2015: Ibuprofen, Omeprazole. September 14, 2015: prescribed Zolpidem. Treatments: pending surgical authorization left shoulder arthroscopy: April 20, 2015, May 18, 2015, June 15, 2015, July 13, 2015, August 10, 2015 administered Toradol injection treating left shoulder, activity modification, medication. On September 18, 2015 a request was made for Zolpidem 10mg #30 that was noncertified by Utilization Review on September 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tab 10 mg Qty 30, 1 at night/bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental illness and stress, Zolpidem.

Decision rationale: The records indicate the patient is having ongoing right knee pain. The current request for consideration is Zolpidem tab 10mg QTY: 30, 1 at night/bedtime. The most up to date progress report dated 9/14/15 indicates a request is made for Zolpidem, but no further discussion is mentioned. The ODG has this to say regarding Zolpidem: Not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. It can be habit-forming, and it may impair function and memory. In this case, I have reviewed the past 5 progress reports, none of which mention insomnia as a subjective complaint or is insomnia listed as a diagnoses. While the patient may be a candidate for Zolpidem, the available medical records do not support the request for Zolpidem. As such, the request is not medically necessary.