

Case Number:	CM15-0209274		
Date Assigned:	10/29/2015	Date of Injury:	07/06/2009
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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(n) 48 year old male, who sustained an industrial injury on 7-6-09. The injured worker was diagnosed as having cervical radiculitis, lumbar facet arthropathy and status post lumbar fusion. Subjective findings (5-7-15, 8-3-15 and 9-14-15) indicated low back pain that radiates to the bilateral lower extremities and insomnia associated with ongoing pain. The injured worker rated his pain 5-7 out of 10 with medications and 10 out of 10 without medications. Objective findings (5-7-15, 8-3-15 and 9-14-15) revealed tenderness to palpation in the bilateral paravertebral area L1-L3 and L3-L5 and a positive straight leg raise test in the seated position bilaterally. There is no documentation of sleep quality with and without medications. As of the PR2 dated 10-12-15, the injured worker reports low back pain that radiates down the bilateral lower extremities and insomnia associated with ongoing pain. He rates his pain 6 out of 10 with medications and 10 out of 10 without medications. Objective findings include tenderness to palpation in the bilateral paravertebral area L1-L3 and L3-L5 and a positive straight leg raise test in the seated position bilaterally. The treating physician noted that the Insomnia Severity Index was administered to the injured worker on 3-3-14 with a score of 28. Current medications include Gabapentin, Tizanidine, Cialis and Zolpidem (since at least 5-7-15). Treatment to date has included Norco and Butrans patch. The Utilization Review dated 10-15-15, non-certified the request for Zolpidem 10mg #30 x 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, #30 with 0-refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Zolpidem.

Decision rationale: The patient was injured on 07/06/09 and presents with low back pain, lower extremity pain, and insomnia. The request is for Zolpidem 10 mg, #30 with 0-refills. The RFA is dated 10/07/15 and the patient is not currently working. The patient has been taking this medication as early as 05/07/15. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, Mental Illness and Stress Chapter, under Zolpidem (Ambien) states Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The patient is diagnosed with cervical radiculitis, lumbar facet arthropathy and status post lumbar fusion, and insomnia. The 09/14/15 report states that the patient has "insomnia associated with ongoing pain." ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. In this case, the patient has been taking Ambien since 05/07/15, which exceeds the 7-10 days recommended by ODG Guidelines. The requested Zolpidem IS NOT medically necessary.