

Case Number:	CM15-0024071		
Date Assigned:	02/13/2015	Date of Injury:	03/25/2011
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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 year old female injured worker suffered and industrial injury on 3/25/2011. The diagnoses were lumbar radiculopathy, and internal derangement of knee. The treatments were medications. The treating provider reported lower back pain. On exam there was tenderness of the paravertebral muscles with spasms along with reduced lumbar spine range of motion. The provider also noted lack of sleep. The Utilization Review Determination on 2/2/2015 non-certified Zolpidem tartrate 10mg #30, modified to 1 month supply for weaning, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 10mg #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: Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem - Ambien.

Decision rationale: The patient presents with unrated lower back pain described as significant and worsening from lack of medication approval. The patient's date of injury is 03/25/11. Patient has no surgical history directed at this complaint. The request is for ZOLIPIDEM TARTATE10MG #30. The RFA is dated 01/06/15. Physical examination dated 01/06/15 reveals pain on palpation and spasm to the bilateral lumbar paraspinal muscles, reduced range of motion, reduced lower extremity strength, decreased sensation to the L5 dermatomal distribution bilaterally. The patient is currently prescribed Norco, Omeprazole, Orphenadrine, and Docusate sodium. Diagnostic imaging was not included. Per 01/06/15 progress note patient is temporarily totally disabled for 6 weeks. ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days 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. "In regards to the request for Zolpidem, treater has exceeded the recommended duration of therapy. There is no documentation provided of prior utilization of this medication. Given this patients chronic pain and loss of sleep secondary to lumbar discopathy, a 7-10 day trial period of would be an appropriate adjunct to this patient's pain medications. However, the requested 30 tablets implies a duration of therapy longer than 10 days. Therefore, the request IS NOT medically necessary.