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| Case Number: | CM15-0026665 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 07/23/2008 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury on 7/23/08. He subsequently reports ongoing pain from multiple areas of lower body, left hand and head trauma. The injured worker has undergone multiple surgeries and pain is being maintained with prescription medications. The injured worker has also required psychiatric services to treat anxiety and depression. On 1/30/15, Utilization Review non-certified a request for Zolpidem Tab 10 MG. the Zolpidem Tab 10 MG was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tab 10 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Zolpidem

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem (Ambien) on the 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine

hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnoses are multiple closed pelvic fractures disruption of pelvic circle; neurogenic bladder; degenerative disc disease lumbar spine; urinary incontinence; causalgia lower limb; low back pain chronic; lumbar radiculopathy; erectile dysfunction; traumatic paraplegia; chronic intractable back pain; depression; and combined opiate drug dependence. The documentation shows the injured worker has been using zolpidem 10 mg as far back as July 11, 2012. There is no documentation with evidence of objective functional improvement. The guidelines recommend short-term (7 to 10 days) treatment with zolpidem for treatment of insomnia. The treating physician has exceeded the recommended guidelines by treating with Zolpidem in excess of two years. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of zolpidem in excess of the recommended guidelines for short-term use (7 to 10 days), Zolpidem 10 mg is not medically necessary.