

Case Number:	CM15-0026880		
Date Assigned:	02/18/2015	Date of Injury:	11/03/2008
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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 61 year old male, who sustained an industrial injury on 11/3/2008. He has reported low back and neck pain after an automobile accident. The diagnoses have included post laminectomy syndrome, L4-5 fusion 2013, and chronic pain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, epidural steroid injections, facet injections, and medial branch blocks, and cognitive behavioral therapy. Currently, the IW complains of continued back and leg pain with pain waking him from sleep. The Pain management evaluation from 11/13/14 documented that the plan of care was to schedule surgical intervention above the site of the fusion. Physical examination documented decreased sensation L4 left dermatome, positive bilateral straight leg test, with spasms and guarding noted along lumbar spine. The provider documented that Trazodone had been utilized in the past for sleep, however, since it was denied, ordered Ambien for pain induced sleep disorders. On 2/3/2015 Utilization Review non-certified Zolpidem Tartrate (Ambien) 10mg #30, noting the documentation did not support medical necessity and guidelines do not support long term use. The ODG Guidelines were cited. On 2/11/2015, the injured worker submitted an application for IMR for review of Zolpidem Tartrate (Ambien) 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate (Ambien) 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- Pain Procedure Summary Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 11/03/2008 and presents with severe pain in his back and leg. The request is for ZOLPIDEM TARTRATE (AMBIEN) 10 mg #30. There is no RFA provided and the patient is not permanent and stationary. He is precluded from any type of lifting or bending. He should be able to alternate between sitting, standing, and walking. Currently, given his medication and his pain, and his active treatment, we think it is best for him to remain on total temporary disability until his condition has stabilized some prior to returning back to modified work. In addition, he has not been released by his surgeon to work. It appears that the first prescription of zolpidem is on 01/08/2015. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) state, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7 to 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 01/08/2015 report states, "He is still having trouble sleeping." ODG Guidelines support the use of Ambien for 7 to 10 days with insomnia. In this case, the treater is requesting for 30 tablets of zolpidem which exceeds what is allowed by ODG Guidelines. Therefore, the requested zolpidem IS NOT medically necessary.