

Case Number:	CM15-0028444		
Date Assigned:	02/20/2015	Date of Injury:	02/06/2013
Decision Date:	04/06/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 49 year old female patient, who sustained a work/ industrial injury on 2/6/2013. The diagnoses have included chronic pain syndrome, lumbar spinal stenosis without neurogenic claudication, degeneration of the lumbar or lumbosacral intervertebral discs, spinal instability, lumbar radiculopathy, insomnia, and lumbar post-laminectomy syndrome. She sustained the injury due to fell from chair. Per the doctor's note dated 1/29/2015, she had complaints of low back pain with radiation to the right buttock and occasionally the right leg at a severity of 5-7/10 with numbness in the foot. Physical examination revealed decreased lumbar range of motion, tenderness of the right sacroiliac and facet joints, right ankle dorsiflexion and great toe extension of 4/5, decreased sensation of the right L4-5 and S1 dermatomes, a negative bilateral straight leg raise test, a negative Patrick's test, deep tendon reflexes of 3+ at the knees and 2+ at the ankles. The medications list includes amitriptyline, norco, Ambien (Zolpidem) and colace. She has undergone lumbar surgery. She has had multiple diagnostic studies including lumbar MRI and lumbar CT myelogram on 9/17/2013. She has had physical therapy and epidural injections for this injury. On 2/10/15, Utilization Review modified Zolpidem 5 mg, thirty count with three refills to Zolpidem 5 mg #22 (between 1/29/15 and 6/6/15), noting the non-California Medical treatment Utilization Schedule (MTUS), Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5 mg, thirty count with three refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 03/23/15) Zolpidem (Ambien[®] ½).

Decision rationale: Request: Zolpidem 5 mg, thirty count with three refills. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term. A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Zolpidem 5 mg, thirty counts with three refills is not fully established for this patient at this time.