

Case Number:	CM15-0029762		
Date Assigned:	02/23/2015	Date of Injury:	12/08/1994
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
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: 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 53 year old female, who sustained an industrial injury on 12/8/1994. She reports a work injury to her neck and low back. Diagnoses include post lumbar laminectomy syndrome and post cervical laminectomy syndrome. Treatments to date include two cervical surgeries, lumbar surgery, physical therapy and medication management. A progress note from the treating provider dated 1/7/2015 indicates the injured worker reported back and neck pain, joint swelling and weakness. On 1/27/2015, Utilization Review non-certified the request for Zolpidem ER 12.5 mg #20, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg #20: 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 (Chronic).

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 on zolpidem.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting ZOLPIDEM ER 12.5 MG QUANTITY 20. The RFA was not made available for review. The patient's date of injury is from 12/08/1994 and she is currently permanent and stationary. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states: Zolpidem is indicated for the short-term treatment 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. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The records show that the patient was prescribed Zolpidem ER on 12/02/2014. None of the reports document medication efficacy as it relates to the use of Zolpidem. Furthermore, the long-term use of Zolpidem is not supported by the ODG guidelines. The request IS NOT medically necessary.