

Case Number:	CM15-0215549		
Date Assigned:	11/05/2015	Date of Injury:	01/28/2015
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/02/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 54 year old female who sustained an industrial injury on 01-28-2015. A review of the medical records indicated that the injured worker is undergoing treatment for cervical disc herniations, bilateral shoulder impingement, bilateral carpal tunnel syndrome and right knee meniscus tear. The injured worker is status post diagnostic and operative arthroscopy of the right knee with a partial medial meniscectomy, chondroplasty of the medial femoral condyle, partial lateral meniscectomy, patelloplasty, partial synovectomy and removal of loose bodies on 09-01-2015. According to the treating physician's progress report on 09-09-2015, the injured worker was evaluated post-op right knee surgery with soreness to the posterior aspect and a snapping noise. The injured worker rated her pain at 5 out of 10 on the pain scale. Examination demonstrated decreased range of motion with tenderness to the right knee. X-rays showed no increase of osteoarthritis. On 05-27-2015 the injured worker was evaluated for bilateral shoulder and neck pain radiating to the bilateral arms associated with tenderness, weakness, tingling and locking of both shoulders. The injured worker also reported bilateral hand and wrist pain with numbness and tingling. Examination of the cervical spine demonstrated tenderness along the trapezius muscles bilaterally with spasm with a loss of 20 degrees in flexion and extension on range of motion. Neurogenic and vascular compression tests were negative with normal reflexes, motor strength and sensation. The bilateral shoulder noted pain to palpation over the anterior aspects of both shoulder without spasm. Range of motion was decreased with positive impingement and apprehensions tests bilaterally. The supraspinatus and deltoid motor strength was 4+ out of 5 bilaterally. The bilateral dorsal aspects of the wrists were tender to palpation

with full range of motion. Phalen's, Tinel's and carpal tunnel compressions tests were positive bilaterally. Light touch sensation was decreased in all digits of both hands. Official reports of bilateral shoulder magnetic resonance imaging (MRI) performed on 07-07-2015 and electrodiagnostic studies of the bilateral upper extremities performed on 07-06-2015 were included in the review. Prior treatments have included diagnostic testing, surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications were noted as Tramadol and Naproxen. There was no documented evidence of insomnia. Treatment plan consists of physical therapy and the current request for Zolpidem Tartrate 5mg #30. On 10-14-2015 the Utilization Review determined the request for Zolpidem Tartrate 5mg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg #30 (30 Day Supply): 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 Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Zolpidem Tartrate 5mg #30 (30 day supply) is not medically necessary.