

Case Number:	CM15-0216216		
Date Assigned:	11/05/2015	Date of Injury:	07/02/2005
Decision Date:	12/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/03/2015

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:

The injured worker is a 55 year old female, who sustained an industrial injury on 7-2-05. The injured worker was diagnosed as having lumbosacral spondylosis, cervical disc degeneration, and myalgia and myositis. Treatment to date has included epidural injections, massage, and medication including Norco and Edluar. Per the notes dated 9-15-15 the patient had insomnia. The injured worker had been taking Edluar since September 2015. On 9-15-15, the injured worker complained of pain in the neck, bilateral shoulders, and headache at 5/10. The physical examination of the cervical spine revealed tenderness on palpation, and painful ROM. Physical examination of the extremities revealed tenderness on palpation and swelling. On 9-15-15 the treating physician requested authorization for Edluar 10mg sublingual tablet #30. On 9-29-15 the request was non-certified by utilization review. The medication list included Norco, Wellbutrin, ibuprofen, Soma, gabapentin and Edluar. The patient had a lumbar ESI on 7/8/15. The patient's surgical history included left foot surgeries. Per the note dated 10/31/15 the patient had complaints of low back pain with radiculopathy. The physical examination of the lumbar spine revealed tenderness on palpation. The patient sustained the injury due to a slip and fall incident. The patient has had MRI of the lumbar spine that revealed degenerative changes; MRI of the cervical spine in 2006 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient has had a history of insomnia, anxiety and depression. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Edluar 10mg sublingual tablet; 1 tablet sublingual at bedtime #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 (ODG) Online Version, Pain Chapter (updated 09/08/15) Zolpidem.

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 12/02/15).

Decision rationale: Request: Edluar 10mg sublingual tablet; 1 tablet sublingual at bedtime #30. Edluar contains Zolpidem which is a short-acting nonbenzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit- forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Edluar 10mg sublingual tablet; 1 tablet sublingual at bedtime #30 is not fully established for this patient, given the records provided and the guidelines cited. When discontinuing this medication, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms. The request is not medically necessary.