

Case Number:	CM15-0216936		
Date Assigned:	11/06/2015	Date of Injury:	11/09/2010
Decision Date:	12/22/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This is a 59 year old male with a date of injury on 11-9-10. A review of the medical records indicates that the injured worker is undergoing treatment for right upper leg, right shoulder and lower back pain. Progress report dated 10-2-15 reports continued complaints of lower back pain and right shoulder pain. The pain is rated 6 out of 10 and is described as aching, shooting, numb and weak. The pain is managed by medication. Norco brings the pain level down to 3 out of 10 from 7 out of 10 and relief lasts for hours. Physical exam: cervical spine no limitation in range of motion, tenderness noted, right shoulder wearing a sling range of motion restricted, motor testing limited by pain. Treatments include: medications, acupuncture, spinal cord stimulator. According to the medical records the injured worker is undergoing treatment for Zolpidem since at least 4-16-15. Request for authorization was made for Zolpidem Tartrate 5 mg QTY: 30. Utilization review dated 10-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg QTY: 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), 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 (Chronic) chapter under Zolpidem.

Decision rationale: The 59 year old patient complains of lower back pain radiating to right thigh and right leg, and right shoulder pain, rated at 6/10, along with poor quality of sleep, as per progress report dated 10/02/15. The request is for Zolpidem Tartrate 5mg QTY: 30. The RFA for this case is dated 10/02/15, and the patient's date of injury is 11/09/10. Diagnoses, as per progress report dated 10/02/15, included lumbar intervertebral disc degeneration, lumbosacral radiculopathy, dorsopathies of sacral and sacrococcygeal joint, and sprain of lumbar ligaments. The patient is also status post right shoulder surgery on 06/26/15. Current medications include Naproxen, Pantoprazole, Sertraline, Senna, Zolpidem, Norco and Bupropion. The patient is temporarily totally disabled, as per progress report dated 03/19/15. Subsequent reports do not document the patient's work status. ODG guidelines, Pain (Chronic) chapter under Zolpidem, state that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, Zolpidem is first noted in progress report dated 03/19/15. It is not clear when the medication was initiated. The patient presents with insomnia and increasing nightmares, as per progress report dated 10/02/15. In the report, the treater also states that medications "are helping," and the patient is tolerating them well without developing dependency. However, this detail is not specific to Zolpidem, and the treater does not discuss the specific impact of this medication on the patient's sleep. Additionally, ODG only recommends it for "short-term (7-10 days) treatment of insomnia." The treater's request for Zolpidem # 30 IS NOT medically necessary.