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| Case Number: | CM15-0217396 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 04/25/2014 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 11/03/2015 |
| 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, Hawaii

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 44-year-old female, with a reported date of injury of 04-25-2014. The diagnoses include sleep disorder, constipation, abdominal pain, acid reflux, cervical disc herniation, lumbar disc herniation, and left hip strain. The progress report dated 08-19-2015 indicates that the injured worker had unchanged abdominal pain, acid reflux, and constipation. The physical examination showed a soft abdomen and normal bowel sounds. The injured worker's disability status was deferred to the primary treating physician. The medical report dated 10-05-2015 indicates that the injured worker continued to complain of severe neck pain and low back pain. The physical examination showed marked distress and global tenderness about the neck, low back, and left shoulder. The injured worker's work status was not indicated. The diagnostic studies to date have included an MRI of the cervical spine on 06-26-2014 which showed degenerative disk and facet joint disease, degenerative changes of the left facet joint at the C4-5 level, causing mild to moderate left neural foraminal stenosis, diffuse broad-based disk bulging along with hypertrophic changes of the facet joints at the C5-6 and C6-7 levels, which caused mild canal and bilateral neural foraminal stenosis; electrodiagnostic studies of the bilateral upper extremities on 07-07-2014 which showed right carpal tunnel syndrome and left cubital tunnel syndrome; a urine drug screen on 08-19-2015 which was positive for Tramadol and venlafaxine; an MRI of the lumbar spine on 12-30-2014 which showed a bulge at L3-4 and L4-5, mild posterior element hypertrophy with mild to moderate central stenosis and slight neural foraminal encroachment at L3-4, and mild central canal stenosis at L4-5; an MRI of the left shoulder on 05-07-2015 which showed mild supraspinatus tendinosis and a small cyst within

the superior aspect of the humeral head; a urine drug screen on 04-23-2015 which was inconsistent for Hydrocodone; and a urine drug screen on 07-02-2015 which was consistent for Hydrocodone and inconsistent for Hydromorphone; an abdominal ultrasound on 07-10-2015 which showed gallstones; and upper GI (gastrointestinal) series on 08-10-2015 which showed moderate to severe gastroesophageal reflux. Treatments and evaluation to date have included Prilosec, Colace, and Probiotics. The treating physician requested Zolpidem tartrate 10mg #30. On 11-03-2015, Utilization Review (UR) non-certified the request for Zolpidem tartrate 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation Online Edition 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Ambien.

Decision rationale: The patient presents with pain affecting the cervical spine, lumbar spine, hip and left shoulder. The current request is for Zolpidem tartrate 10mg #30. The sole treating physician report provided for review dated 8/24/15 (6C) provides no rationale for the current request. The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, it is unclear if the use of this medication is outside the 7-10 days recommended by the ODG as there was only one medical record provided for review. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30. The ODG Guidelines do not recommend long-term use of this medication. The current request is not medically necessary.