

Case Number:	CM15-0218730		
Date Assigned:	11/10/2015	Date of Injury:	07/29/2008
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/06/2015

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: North Carolina

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 56 year old female, who sustained an industrial injury on 7-29-2008. The injured worker is undergoing treatment for cervical, thoracic and lumbar degenerative disc disease, right ankle sprain, lumbosacral neuritis or radiculitis, sacroiliac ligament sprain and strain. On 9-29-15, she reported pain to the neck and low back rated 6. She indicated feeling numbness in the lower extremities. She stated medications reduce her pain by 60 percent and help her to remain functional and sleep. The provider noted "sleep manageable with Lunesta 2mg, no side effects of medication". Objective findings revealed decreased lumbar and cervical spine ranges of motion, tenderness in the neck and low back, trigger point noted in the neck, decreased grip strength of the left upper extremity, and decreased sensation in the right lower extremity. On 10-9-15, subjective complaints noted as "patient states had FCE. Patient wants to go forward with cervical surgery". Objective findings are not documented. There is no discussion of an assessment of her sleep hygiene. The treatment and diagnostic testing to date has included medications, home exercise program and TENS. Medications have included lidopro, cyclobenzaprine, omeprazole, ibuprofen, Lunesta. The records indicate she had been utilizing Lunesta as a sleep aid since at least May 2015, possibly longer. There is no discussion regarding a change to Ambien or failure of Lunesta. Current work status: not documented. The request for authorization is for: Zolpidem tartrate ER 6.25mg quantity 30. The UR dated 10-12-2015: non-certified the request for Zolpidem tartrate ER 6.25mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate ER 6.25mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.