

Case Number:	CM15-0221332		
Date Assigned:	11/16/2015	Date of Injury:	06/20/2002
Decision Date:	12/23/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 6-20-02. The injured worker was diagnosed as having cervical spine strain-sprain and disc disease; lumbosacral sprain-strain and disc disease; diabetes mellitus; gastric reflux disease; right shoulder tendinitis; bilateral knee sprain-strain and degenerative joint disease. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-7-15 indicated the injured worker reports his family physician prescribes his medications for pain in his shoulders and neck. He was told he has arthritis. He does not recall the name of the medication. He reminds the provider on this visit that around 2 years prior his family physician prescribed Diclofen and the provider reminds the injured worker is NSAIDs induced gastritis and it is best that NSAIDs be avoided, especially since he is also on aspirin. The injured worker notes he forgot to bring in his blood glucose log. He reports his home glucose has been "good" but he states his average is above 150 and below 200. He also reports he has numbers in 110-130 range. He reports compliance with his diabetes medications but admits to some dietary indiscretions. He takes glipizide 10mg twice a day and metformin 1000mg twice a day. He reports it was recommended he have a heart catheterization but declined. He has no chest pain or shortness of breath as of late. He complains of ongoing neck pain and back pain which he reports about the same n severity. The provider notes "He rates his neck and back pain 5-8 out of 10 in severity." He also reports his knees "pop sometimes when he walks" but denies any frank buckling of the knees. The provider reviews his medication and notes Zolpidem 10mg is taken 1/2 -1 at bedtime. The provider documents a physical examination and notes "Cervical spine: Active range of motion is reduced in all ranges with exception of forward flexion with pain at end ranges. There is tenderness to palpation over bilateral paracervical muscles. Thoracolumbar Spine: lumbar flexion 50 degrees and extension 15

degrees with pain at end ranges. There is tenderness to palpation over mid and lower parathoracic muscles more on the right side with hypertonicity. There is tenderness to palpation over the midline of the lumbar spine from L4-S1 and over bilateral paralumbar muscles with hypertonicity. Straight leg raise testing causes increased low back bilaterally. The provider makes no other mention of the medication Zolpidem or symptoms of muscle spasms. This medication is mentioned on a pharmacy sheet dated 8-31-15, 7-22-15 including one dated 4-22-15. A Request for Authorization is dated 10-26-15. A Utilization Review letter is dated 10-16-15 and non-certification for Zolpidem 10mg #30 with 1 refill. A request for authorization has been received for Zolpidem 10mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30 with 1 refill: 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, 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): Zolpidem (Ambien®), pages 877-878.

Decision rationale: MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2002 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Zolpidem 10mg #30 with 1 refill is not medically necessary and appropriate.