

Case Number:	CM15-0030577		
Date Assigned:	02/24/2015	Date of Injury:	04/12/1991
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/18/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 72 year old male who sustained an industrial injury on 04/12/71. He reports chronic neuropathic pain in the left knee. Treatments to date include a self-directed pool program, and medications. Diagnoses include complex regional pain syndrome, disorder of back, displacement of lumbar intervertebral disc, knee and joint pain, and reflex sympathetic dystrophy of lower extremity. In a progress note dated 12/09/14 the treating provider recommends Lyrica, Oxycodone, OxyContin, and Ambien. On 01/16/15 Utilization Review non-certified the Ambien, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem (Ambien) 10mg #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).

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).

Decision rationale: The injured worker sustained a work related injury on 04/12/71. The medical records provided indicate the diagnosis of complex regional pain syndrome, disorder of back, displacement of lumbar intervertebral disc, knee and joint pain, and reflex sympathetic dystrophy of lower extremity. Treatments have included self-directed pool program, and medications, including Zolpidem. The medical records provided for review do not indicate a medical necessity for Zolpidem (Ambien) 10mg #30. The records indicate the worker has been using this medication for months. The MTUS is silent on Zolpidem, but the official Disability Guidelines states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia.