

Case Number:	CM15-0037165		
Date Assigned:	03/05/2015	Date of Injury:	12/04/2004
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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 58-year-old male, who sustained a work related injury on 12/4/04. He had an accident and his left eye was pierced. The diagnoses have included chronic angle closure glaucoma, blepharoptosis, penetrating keratoplasty on 8/8/06 and 10/26/10, history of globe rupture and corneal laceration and depression/anxiety. Treatments to date have included a failed cornea transplant, other right eye surgeries and medications. In the PR-2 dated 12/1/14, the injured worker complains of right eye discomfort. The request was for Zolpidem medication. On 2/19/15, Utilization Review modified a request for Zolpidem 10mg., #15 to Zolpidem 10mg., #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tab 10mg po #8 hs PRN to be Tapered off: 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 Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 01/12/15 progress report, the patient presents with depression, changes in appetite and sleep disturbances. The patient had an accident on 12/04/14 and his eye was pierced. The request is for ZOLPIDEM TAB 10MG PO #8 HS PRN TO BE TAPERED OFF. The RFA provided is dated 10/14/14. The diagnoses have included depressive disorder, psychological factors affecting medical condition, chronic angle closure glaucoma, blepharoptosis, penetrating keratoplasty. The patient is permanent and stationary. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended 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. Various medications may provide short-term benefit. 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. (Feinberg, 2008)." In this case, only one treater report was provided. It is unknown how long the patient has taken the prescription Zolpidem. The date of the RFA is 10/14/14, which is 4 months from UR date of 02/19/15. The provided medical reports did not mention efficacy of Zolpidem. The continued use of Zolpidem over 4-months is not in accordance with ODG recommendations of short-term use. The request for Zolpidem 10mg #8 IS NOT medically necessary.