MAXIMUS Federal Services

Case Number:	CM15-0043683		
Date Assigned:	03/13/2015	Date of Injury:	08/11/2011
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 8/11/2011. She has reported a tree falling on top of the car, injuring her head, neck, upper back and shoulders. The diagnoses have included partial rotator cuff tear, posttraumatic stress, depression, anxiety, fibromyalgia, cervical disc degeneration, cervicalgia, adhesive capsulitis of the shoulder, tendinitis of the shoulder and chronic pain due to trauma. Treatment to date has included medication therapy and physical therapy. Currently, the IW complains of severe increased pain to neck, upper back, and left arm/shoulder. The physical examination from 1/26/15 documented tense tender muscles in left neck and left shoulder. Decreased abduction to 45 degrees, Hawkin's test positive. The plan of care included continued medication therapy, obtain a repeat Magnetic Resonance Imaging (MRI), and obtain an orthopedic consultation. The medications listed are Norco, Neurontin, Cymbalta, Baclofen, Bupropion, Lorazepam, Motrin and Zolpidem. A Utilization Review determination was rendered recommending non certification of Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg Qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications for the treatment of insomnia can be utilized for short-term periods after failure of non-medications treatment measures have failed. The chronic use of sedatives and hypnotics can be associated with the development of dependency, addiction, daytime somnolence and adverse interaction with psychiatric and sedative medications. The records indicate that the patient had utilized Zolpidem longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is also utilizing multiple sedatives and psychiatric medications. The criteria for the use of Zolpidem 10mg #30 were not met. Therefore, this request is not medically necessary.