

Case Number:	CM15-0046844		
Date Assigned:	03/19/2015	Date of Injury:	02/01/2008
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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 57 year old male, who sustained an industrial injury on February 1, 2008. He has reported lower back pain. Diagnoses have included degenerative disc disease, lumbar post laminectomy syndrome, brachial neuritis, cervical spine spondylosis, and strain of the rotator cuff capsule. Treatment to date has included medications, back surgeries, shoulder surgeries, and imaging studies. A progress note dated February 11, 2015 indicates a chief complaint of worsening lower back pain with left radiculopathy. The treating physician documented a plan of care that included magnetic resonance imaging, x-rays, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Zolpidem 5mg #60 dispensed 02/11/15: 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) Pain Chapter, Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress chapter, Insomnia treatment.

Decision rationale: This patient presents with lower back pain. The request is for Retro: Zolpidem 5mg #60 dispensed 02/11/15 on 02/16/15. Current medications are Lunesta, Cyclobenzaprine, Prilosec, and Naproxen sodium per 02/11/15 report. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Zolpidem in the past. Review of reports shows that the patient has been taking Lunesta for insomnia. The treater noted that the patient "needs Lunesta to help sleep" per 02/11/15 report. There is no discussion regarding Zolpidem and it is not known if the insomnia medication is being switched or added to. The guideline recommends this medication for a short course of 7 to 10 days for insomnia but the request is for #60. The request IS NOT medically necessary.