

Case Number:	CM15-0059870		
Date Assigned:	04/06/2015	Date of Injury:	01/08/2003
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury to the back on 1/8/03. Previous treatment included lumbar laminectomy, lumbar fusion, magnetic resonance imaging, computed tomography and medications. Lumbar spine surgery was scheduled for 2015 but was postponed due to abnormal laboratory values. In a PR-2 dated 1/7/15, the injured worker reported that his pain was stable on the current medication regimen. The injured worker complained of continuing low back pain without any significant radiculopathy. Current diagnoses included chronic pain syndrome, status post lumbar spine fusion, spinal stenosis, peripheral neuropathy, neuritis and insomnia. The treatment plan included renewing medications (Fentanyl patch, Norco, Tramadol and Zolpidem).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment section.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was insufficient reporting of quality of sleep with and without the use of zolpidem on a chronic basis to help justify its continuation. Regardless, however, chronic use of zolpidem is not medically necessary or recommended and other strategies for treating insomnia are recommended instead.