

Case Number:	CM15-0086801		
Date Assigned:	05/11/2015	Date of Injury:	06/29/2001
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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: Pennsylvania
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 62 year old male sustained an industrial injury to bilateral shoulders on 6/29/01. Recent treatment included medications. In a PR-2 dated 2/26/15, the injured worker complained of bilateral shoulder pain. The injured worker had lost 18 pounds. The injured worker reported that his mind was not good. The injured worker stated that he could not maintain interest or focus. The injured worker expressed fear of everything and becoming old. Current diagnosis was chronic major depressive disorder. The treatment plan included adding Ambien, decreasing Cymbalta and continuing medications (Xanax, Seroquel, Neurontin and Provigil).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 12.5 mg #90: 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 Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications/zolpidemMental Illness and Stress/insomnia treatment.

Decision rationale: Zolpidem is recommended for short-term (7-10 days) treatment of insomnia. It is not recommended for long term use although it may be effective for up to 24 weeks. It may impair function and memory and increase pain and depression. Ambien CR offers no significant clinical advantage over regular release Ambien and is associated with increased side effects. This worker is also receiving xanax which is also sedating and is used as a treatment for insomnia. This worker has been taking zolpidem for several years without documentation of significant benefit. There is also no rationale provided for the high dose of zolpidem rather than a lower and safer dose. Based on the evidence, it is unlikely that this worker is receiving benefit from the zolpidem and particularly no more benefit from the sustained release zolpidem than he would from the regular release. Without clear documentation of significant benefit currently, this medication cannot be considered reasonable and is not medically necessary.