

Case Number:	CM15-0087032		
Date Assigned:	05/11/2015	Date of Injury:	08/26/2004
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker is a 43 year old female, who sustained an industrial injury on 8/26/04. She reported pain in her lower back. The injured worker was diagnosed as having lumbar disc herniation and post lumbar laminectomy syndrome. Treatment to date has included a lumbar MRI, back surgery, MsContin, and Ambien (since at least 5/21/14). As of the PR2 dated 9/9/14, the injured worker reports low back pain. The treating physician noted a positive straight leg raise test and decreased range of motion. There is no mention of insomnia or quality of sleep. The treating physician requested an unknown duration for prescription of Zolpidem for lifetime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown duration for prescription of Zolpidem for lifetime: Upheld

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

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.

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, who had been using zolpidem for some time leading up to this request for "lifetime" continued use of zolpidem, there was insufficient evidence provided to help justify this request to set this case aside as an exception to the Guidelines of use for this medication class. Therefore, the ongoing use of zolpidem on a regular basis will be considered medically unnecessary.