

Case Number:	CM15-0087939		
Date Assigned:	05/12/2015	Date of Injury:	02/06/2003
Decision Date:	06/24/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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: North Carolina
 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 60 year old male who sustained an industrial injury on 2/6/13. The mechanism of injury is unclear. He currently complains of neck pain radiating down bilateral upper extremities; constant low back pain radiating down bilateral lower extremities to toes with numbness and tingling; ongoing bilateral foot and ankle pain. He has low back muscle spasms. Pain is rated as 8/10 with medications. His activities of daily living are limited in the areas of self-care and hygiene, activity, ambulation, sleep and sex. He uses a cane for ambulation due to weakness. Medications are pantoprazole, hydrocodone-acetaminophen, OxyContin, bupropion, carisoprolol, clorazepate, gabapentin, naproxen, Senexon-s, zolpidem, naloxone. Diagnoses include right knee tibial plateau fracture, status post open reduction internal fixation; right knee osteomyelitis, status post incision and drainage; right knee osteoarthritis; left knee medial meniscus tear, lateral meniscus tear; lumbar disc displacement; lumbar radiculopathy; lumbar spinal stenosis; bilateral knee pain; anxiety; gastritis; constipation; chronic bilateral foot and ankle pain. Diagnostics include electrodiagnostic study of the lower extremities (9/15/14) showed abnormal study with evidence of left L4-5 radiculopathy; MRI of the lumbar spine (4/16/14) with abnormal findings; MRI of the lumbar spine (9/15/13) abnormal findings. On 2/11/15 the treating provider requested refill on zolpidem to aid in sleep pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem TAB (tablets) 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Antispasmodics; Carisoprodol (Soma) Page(s): 22, 64, 29.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.