

Case Number:	CM13-0003325		
Date Assigned:	08/27/2014	Date of Injury:	08/12/2005
Decision Date:	09/25/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a reported date of injury on 08/12/2005. The injury occurred while lifting a heavy object. The diagnoses included lumbar myofascial pain and chronic pain syndrome. The past treatment included pain medication and chiropractic treatment. There were no diagnostics or surgical history provided for review. On 06/06/2013, the subjective complaints were tingling and numbness to the left side of the body. The physical examination noted cervical spine tightness and lumbar spine myofascial restrictions. The medications included Ibuprofen, Zolpidem, and Nasonex. The treatment plan was to continue medications. The rationale was for pain relief. The request for authorization form was dated 06/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Zolpidem: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: The request for unknown prescription of Zolpidem is not medically necessary. The Official Disability Guidelines state that Zolpidem is not recommended for long-term use, but recommended for short-term use not to exceed 6 weeks. The injured worker has chronic pain and insomnia. The notes indicate that he has been on Zolpidem since at least 02/27/2013 which exceeds the guideline recommendation of 6 weeks. Additionally the request as submitted did not provide a frequency and quantity. Since the injured worker has been on Zolpidem longer than 6 weeks the request is not medically necessary.