

Case Number:	CM13-0067568		
Date Assigned:	01/03/2014	Date of Injury:	05/31/1990
Decision Date:	06/30/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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 67-year-old female with a reported date of injury on 05/31/1990. Her diagnoses were noted to include herniated disc at L3-4 of 2 mm and at L5-S1 of 3 mm to 4 mm with coccygodynia. Her previous treatments were noted to include physical therapy and pain medications. The physical examination reported the injured worker complained of mid back, low back, and tailbone pain. The injured worker reported this occurred on a daily basis and lasted all day. The progress note dated 07/17/2013 reported, due to the injured worker's orthopedic symptoms, she had been experiencing sleep difficulties and anxiety, which she attributed to the pain in her back. The Request for Authorization Form dated 12/02/2013 was for zolpidem 10 mg #30 one at bedtime as needed, a sedative used to treat insomnia; not to be used every night x5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ZOLPIDEM 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 60 ZOLPIDEM 10MG is non-certified. The documentation provided showed the injured worker has been taking this medication since 07/2013. The Official Disability Guidelines recommend Zolpidem for the short term (usually 2 weeks to 6 weeks) treatment of insomnia. The guidelines state proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. The guidelines also state while sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. There is a lack of documentation regarding the efficacy of this medication, as well as the request does not provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.