

Case Number:	CM14-0002428		
Date Assigned:	01/24/2014	Date of Injury:	12/21/2004
Decision Date:	08/18/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old female with a work injury dated 12/21/04. The diagnoses include lumbar compression fracture, epidural fibrosis, lumbar radiculopathy, status post lumbar fusion, postlaminectomy syndrome, disc protrusion, stenosis, and facet joint arthropathy, depression, anxiety. Under consideration is a request for 30 tablets of Zolpidem 10 mg. There is a primary treating physician document dated 12/17/13 that states that the patient has low back pain radiating down her legs. Her current medications include Celebrex, Baclofen, Librium, Elavil, Celexa, Wellbutrin, Levothyroxine, and Norco. Her prior meds included Nucytina, Mobic, Oxycodone and Morphine. The patient is permanently disabled. On examination the skin is within normal limits in all limbs, except for scarring of the lumbar. There is tenderness upon palpation of the lumbar paraspinal muscles and both sacroiliac joints. Lumbar range of motion was restricted. Lumbar discogenic provocative were positive. Bilateral sacroiliac provocative maneuvers, Gaenslen, Patrick maneuver were positive. There was a positive left straight leg raise. The muscle stretch reflexes are 1 and symmetric bilateral in all limb. There were absent signs of clonus, Babinski or Hoffman. Sensation is reduced in the left L5 dermatome. Romberg was positive. The plan include rescheduling her spinal cord stimulator implant, and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF ZOLPIDEM 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ONLINE VERSION, PAIN CHAPTER ZOLPIDEM (AMBIEN).

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 and stress-Insomnia treatment and Zolpidem.

Decision rationale: 30 tablets of Zolpidem 10 mg is not medically necessary per the ODG guidelines. The MTUS was reviewed but does not address insomnia treatment. The ODG states that Ambien is not recommended for long term use. The ODG recommends pharmacological agents only after careful sleep evaluation. The documentation indicates no mention of Zolpidem in the notes submitted. There is no discussion regarding sleep hygiene. Without clear indications of why this medication is being taken, the length of time the patient has been on Zolpidem, non pharmacological sleep hygiene alternatives attempted the request for 30 tablets of Zolpidem 10 mg is not medically necessary.