

Case Number:	CM14-0112358		
Date Assigned:	08/01/2014	Date of Injury:	09/29/2008
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40 year-old male who reported a work related injury on 09/29/2008 due to driving a work truck and running into the back of a parked big rig on the side of the road. The diagnoses consist of a traumatic brain injury, and multitrauma, including internal abdominal injuries to the gallbladder, spleen, and liver, and a left patellar fracture. The injured worker has been treated with medication, 12 sessions of physical therapy, massage therapy, and chiropractic therapy, all of which have only provided temporary relief. An MRI of the cervical spine performed on 10/02/2013 revealed mild disc degenerative change at C5-6. The surgical history included a total left knee replacement on 02/19/2010. Upon examination on 07/08/2014, the injured worker complained of neck and back pain. The injured worker described the pain to be burning, stabbing, and tight and associated with the feeling of pins and needles. He stated the worst pain he had was 10/10 and the average pain was a 5/10 on a VAS pain scale. Objective findings included facet tenderness on the cervical spine bilaterally at the C3-C6 levels, and limited range of motion to the neck due to pain. The medications included Adderall and Zolpidem. The treatment plan included a urine toxicity screen, compounded pain cream, back brace, bilateral medial branch blocks, and Zolpidem/Ambien. The rationale for the request and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM/AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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 (Ambien®).

Decision rationale: The request for Zolpidem/Ambien 10MG #30 is not medically necessary. The Official Disability guidelines state Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term use, usually two to six weeks for the treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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 concern that they may increase pain and depression over the long-term. Within the documentation, it is noted that the injured worker has been prescribed Zolpidem since 01/07/2014. The guidelines do not recommend Zolpidem for long term use. Additionally there is no documentation provided discussing the injured worker's sleep pattern. Therefore, the lack of documentation in regard to the prior usage of Zolpidem does not prove medical necessity. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Zolpidem/Ambien 10MG #30 is not medically necessary.