MAXIMUS Federal Services

Case Number:	CM14-0126008		
Date Assigned:	08/15/2014	Date of Injury:	10/12/2000
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 & 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:

This 49 year old male sustained an injury on 10/12/2000 when he stepped off a scaffolding and fell four feet into the elevator pit, sustaining a left below the knee amputation. His past medication history as of 04/10/2014 included Pristiq Er 50 mg, Celebrex 200 mg, atenolol 25 mg, Nortriptyline Hcl 50 mg, Pantoprazole Sodium Dr 20 mg and Zolpidem tartrate 10 mg. Progress report dated 04/10/2014 documented the patient to have complaints of aching, stabbing pain in his low back as well as bilateral elbow pain and left lower leg pain. He rated his pain as an 8/10 without medications and 2/10 with medications. He reported difficulties with his activities of daily living. The patient is noted as taking Ambien (Zolpidem) 10 mg at bedtime as he expressed complaints of insomnia. He stated the Ambien helps with his insomnia and provides him with functional improvement such as dressing, house chores, sleeping and walking. On exam, he had restricted range of motion of the lumbar spine with tenderness noted. His elbows revealed moderate tenderness over the cubital fossa and resistive tennis elbow is positive bilaterally as well as Golfer's elbow and Tinel's. He has an amputated left knee but no limitation is noted in flexion, extension, internal rotation, and external rotation. He is diagnosed with facet arthropathy of the lumbar spine, cervical-thoracic-lumbar spine facet joint edema and below the knee amputation. The patient was recommended Zolpidem as he reported significant pain relief and it provides him with at least 6 hours of sleep. The patient has been utilizing this medication since 11/12/2013 at Zolpidem 10 mg.Prior utilization review dated 07/10/2014 states the request for Zolpidem Tartrate Tablets 10MG is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate Tablets 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines 13, 49, and 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazipine Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem . Other Medical Treatment Guideline or Medical Evidence: Zolpidem package insert

Decision rationale: The MTUS and ODG guidelines, as well as the package insert for zolpidem recommend that the agent is appropriate for short-term management and not for chronic usage. If the request of the provider were to provide short-term management of his insomnia then the request would be appropriate. However, there is no evidence that long term use is medically indicated. The provider should consider other approaches such as behavioral therapies or other pharmacological interventions. Based on the guidelines and criteria described above, as well as the clinical documentation stated above, the request is not medically necessary.