

Case Number:	CM14-0126334		
Date Assigned:	09/26/2014	Date of Injury:	07/10/1997
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 63-year-old male was injured on 7/9/97 with related neck and low back pain. Per progress report dated 6/19/14, the injured worker reported low back pain with radiation down the bilateral upper and lower extremities. He complained of frequent muscle spasms, sleep disturbance, upper extremity pain in the elbows and shoulders, and lower extremity pain in the right foot and bilateral knees. He reported muscle weakness. He rated his pain 8/10 with medications and 10/10 without. Per physical exam, there was decreased sensation along the L4-S1 dermatomes bilaterally, and straight leg raise test was positive bilaterally. Treatment to date has included physical therapy and medication management. The date of UR decision was 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 12 Edition (web) 2014, Pain Chapter

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Zolpidem, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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." The documentation submitted for review indicates that the injured worker has used this medication 7/2011 and 4/2013. The documentation did not comment on the efficacy of the medication, nor did it contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.