

Case Number:	CM14-0142575		
Date Assigned:	09/10/2014	Date of Injury:	11/12/2009
Decision Date:	10/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 59-year-old female who reported an injury on 11/12/2009. The mechanism of injury was not stated. The current diagnoses include lumbar disc herniation, bilateral L4 radiculopathy, lumbar stenosis, lumbar facet joint pain, lumbar facet joint arthropathy, bilateral sacroiliac joint pain, lumbar sprain, right wrist pain, right wrist sprain/strain, right wrist tendonitis, hypertension, hyperlipidemia, and GERD. Previous conservative treatment is noted to include medication management, yoga, and home exercise. The injured worker was evaluated on 08/05/2014 with complaints of persistent lower back pain with activity limitation. The current medication regimen includes ibuprofen, Atenolol, Aciphex, Effexor XR, Ambien, and Vicoprofen. Physical examination revealed tenderness to palpation of the bilateral lumbar paraspinal muscles, left sacroiliac joint tenderness, limited lumbar range of motion, positive lumbar discogenic provocative maneuvers, positive Gaenslen's and Patrick's maneuver, diminished strength in the hand intrinsic muscles, and decreased sensation in the bilateral L4 dermatomes. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 - Zolpidem 10mg

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has continuously utilized this medication since 12/2013. The injured worker does not maintain a diagnosis of insomnia or sleep disorder. The guidelines do not recommend long term use of this medication. There is also no frequency or quantity listed in the request. As such, Zolpidem 10mg is not medically appropriate.