

Case Number:	CM14-0168698		
Date Assigned:	10/16/2014	Date of Injury:	02/08/2013
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect that the claimant is a 49-year-old female who sustained a work injury on 2/8/13. Office visit on 8/26/14 notes the claimant had no significant improvement with continuing right knee pain and some instability at times. The claimant has numbness and tingling in her right lower extremity. The claimant feels acupuncture is helping her right knee. She continues with back pain and neck pain and also pain to the right side of her body. She could not tolerate pain medications; therefore, there was a recommendation for topical medications for pain. The claimant is given Capsaicin and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 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 in Workers Compensation/Pain

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

Decision rationale: ODG notes that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is an absence in the documentation noting this claimant's sleep habits or other treatments completed or attempted and failed. Therefore, the medical necessity of this request is not established.