

Case Number:	CM14-0182322		
Date Assigned:	11/07/2014	Date of Injury:	07/02/2010
Decision Date:	12/11/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 7/2/10 date of injury, and status post right knee surgery x 3 and status post bilateral TKR. At the time (10/27/14) of request for authorization for Zolpidem 10 MG, there is documentation of subjective (low back pain, neck pain, and bilateral knee pain; sleep disturbances and restless sleep) and objective (emotionally labile and depressed) findings, current diagnoses (knee pain, degeneration of lumbar intervertebral disc, opioid dependence, lumbosacral spondylosis without myelopathy, neck pain, depressive disorder and chronic pain syndrome), and treatment to date (exercises and medications (including ongoing use of Zolpidem since at least 4/14)). There is no documentation of insomnia and intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment and Zolpidem.

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, Zolpidem

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of knee pain, degeneration of lumbar intervertebral disc, opioid dependence, lumbosacral spondylosis without myelopathy, neck pain, depressive disorder and chronic pain syndrome. However, despite documentation of sleep disturbances and restless sleep, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 4/14, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10 mg #10 is not medically necessary.