

Case Number:	CM14-0182911		
Date Assigned:	11/07/2014	Date of Injury:	10/17/2000
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
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 Internal 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 injured worker (IW) is a 63-year-old woman with a date of injury of October 17, 2000. The mechanism of injury was noted as repetitive motion. Pursuant to the clinical note dated October 6, 2014, the IW indicated that she was very happy with her current medication regimen, noting more than 50% decrease in pain. She had a 20-minute standing and 20-minute walking tolerance. Physical examination revealed the IW was in no apparent distress and was overweight. There was minimal range of motion to the cervical spine. It was noted that the IW had improved in activities of daily living skills to include cooking, cleaning, and taking care of her daily activities. Current medications include Opana ER 20mg, Opana IR 5mg, Ambien CR 12.5mg, Klonopin 0.5mg, Neurontin 600mg, Flexeril 10mg, and Promethazine 25mg. Documentation indicated that the IW has been taking Ambien CR 12.5 mg since at least October of 2013. The provider recommends continuation of current medications. Request is made for Zolpidem 0.5mg #120. There was no evidence given of improvements in sleep or sleep maintenance due to the use of Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablet of Zolpidem 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, Pain Chapter, Zolpidem

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

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem 0.5 mg #120 tablets between October 13, 2014 to November 27, 2014 is not medically necessary. The guidelines state Zolpidem is a short acting non-benzodiazepine hypnotic. It is recommended for short-term (7 to 10 days) treatment of insomnia. They can be habit forming and may impair function and memory more than opiate pain relievers. Pain specialists rarely if ever recommend for long-term use because they can be habit forming. In this case, the injured worker is taking Opana (an opiate), Ambien CR (Zolpidem) 12.5 mg at bedtime as needed, Klonopin, Neurontin, and promethazine. The medical record does not state how long the injured worker has been taking Ambien (Zolpidem). There is no documentation as to objective functional improvement with Zolpidem. The guidelines recommend short-term use, 7 to 10 days. Additionally, Zolpidem does not come in a 0.5 mg strength. Consequently, Zolpidem is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Zolpidem 0.5 mg #120 between October 13, 2014 and November 27, 2014 is not medically necessary.