

Case Number:	CM14-0183407		
Date Assigned:	11/10/2014	Date of Injury:	07/25/1997
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency 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 is a 64-year-old male who reported an injury on 07/25/1997. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic pain state involving the bilateral upper and lower extremities, neck and upper and lower back regions, type 2 diabetes mellitus, hypertension, sleep disorder, obesity, dyslipidemia, hypothyroidism, and apparent osteoporosis and/or osteopenia. Past medical treatment consists of the use of a TENS unit and medication therapy. No diagnostics were submitted for review. On 09/09/2014, the injured worker stated that they had trouble sleeping. There was no physical examination findings submitted for review. The plan is for the injured worker to continue with zolpidem 12.5 mg 1 to 2 tablets by mouth at bedtime with a quantity of 60 and a 30 day refill. The rationale was not submitted for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem CR 12.5 mg tabs #60, 30 day fill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com

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 (Ambien)

Decision rationale: The request for zolpidem CR 12.5 mg is not medically necessary. The Official Disability Guidelines state that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short term, usually 2 to 6 weeks, treatment for insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various modifications 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 long term use. Cognitive behavior therapy (CPT) should be an important part of the insomnia treatment plan. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any sleep deprivation the injured worker was having. It was also indicated that the injured worker had been on zolpidem since at least 09/09/2014, exceeding the recommended guidelines for short term use. Additionally, the request as submitted is for zolpidem 12.5 mg with a quantity of 60 and a 30 day refill, also exceeding the recommended guidelines for short term use. Furthermore, the provider did not submit a rationale to warrant the continuation of the medication. Given the above, the injured worker is not within the ODG criteria. As such, the request is not medically necessary.