

Case Number:	CM14-0183497		
Date Assigned:	11/10/2014	Date of Injury:	04/13/1998
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with injury date of 04/13/98. Based on the 09/18/14 progress report, the patient complains of lumbar spine pain. The pain level is at 5 out 10. The patient states the pain is made better with medication. Norco decreased the pain level 5 to 2 out 10 and Ambien helped to get sleep 7 hours instead 4 hours without the medication. The pain worsens with activities. The report noted the patient is currently working without restrictions. The patient has tenderness to palpation and full active range of motion in all planes. His neurovascular status was intact distally. The bilateral straight leg raise test was negative. The current medications are Naprosyn Sodium (Naproxen), Anexsia (Hydrocodone), and Ambien (Zolpidem). The patient's diagnoses include: 1. Multilevel discopathy, status post two-level fusion 2. Sleep issues. The treater is requesting for Zolpidem 5mg Tablet, #30. The utilization review determination being challenged is dated 10/07/14. The treating physician provided treatment reports from 05/01/14-10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zolpidem 5mg, #30 (DOS: 9/18/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and chapter states Zolpidem

Decision rationale: This patient presents with lumbar spine pain and sleep issues. The request is for 30 tablets of Zolpidem 5mg. MTUS and ACOEM Guidelines do not address Zolpidem; however, ODG Guidelines under mental illness and chapter states "Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 the long-term." On 08/18/14 report, the treating physician noted that the patient will continue to use Ambien (Zolpidem) which appears to be for a long-term use. The treater does not limit the use of this medication for less than 30 days. Given that the guideline that only recommend short-term use of this medication, this request is not medically necessary.