MAXIMUS Federal Services

Case Number:	CM14-0094586		
Date Assigned:	07/25/2014	Date of Injury:	01/31/1997
Decision Date:	09/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational 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 female with date of injury of 1/31/1997. Per the primary treating physician's progress report dated 7/8/2014, the injured worker reports that her neck, shoulder, and head pain has worsened since her last visit. She states her worst pain is in her right shoulder and with any movement the pain increases in her arms, neck and head. She reports persistent neck and back pain rated at 9/10. She describes radiation of pain, numbness and tingling from the neck to the bilateral upper extremities, right greater than left, into her hand diffusely. She says she has difficulty turning her head to her right. She describes her left hand is hypersensitive and she experiences increased pain with cold temperatures. She has wrist braces that she wears as needed. She does report that she wakes up in the middle of the night with severe pain, often crying. On examination she is an obese pleasant woman, and is tearful during exam. She has tenderness to palpation in the cervical paraspinals and rhomboid region bilaterally with severe pain to palpation diffusely over the right shoulder and proximal arm, not correlating with any anatomic body part. There is decreased range of motion throughout all planes in the cervical spine, with significant pain with right rotation. She has 5-/5 strength with all movements of both upper limbs and limited by pain. There is decreased sensation throughout the right upper limb. She has severe pain with facet loading of cervical spine. There is tenderness to palpation in the upper facet regions. There is tenderness with palpation of the lumbar paraspinals bilaterally. Gait is antalgic and slow. There is decreased flexion and extension of the lumbar spine, most notably increased pain with extension and positive bilateral facet loading and decreased sensation throughout the right lower limb. Right lower extremity strength is limited by pain. Diagnoses include 1) right cervical radiculopathy 2) right lumbar radiculopathy 3) right shoulder impingement 4) chronic whole body pain 5) history of substance abuse 6) obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed McGraw Hill, 2006; Physicians Desk Reference, 68th ed, ; www.Rxlist.com; ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm; ACOEM- https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter, Insomnia section.

Decision rationale: Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with parmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker is reported to wake up in the night due to pain. This request is not within the recommendations of the ODG. No explanation is provided for consideration of use outside of these recommendations.The request for Zolpidem 5mg #30 with 2 refills is determined to not be medically necessary.