

Case Number:	CM14-0214789		
Date Assigned:	01/07/2015	Date of Injury:	02/16/2004
Decision Date:	03/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 02/16/2004. He has reported chronic neck pain radiating down the bilateral upper extremities, and low back pain that radiates down the bilateral lower extremities left greater than right and radiates to the bilateral feet. The pain is frequently accompanied by numbness in the feet. Pain is aggravated by activity, bending, and standing, twisting and walking. The pain keeps him awake at night. Pain is rated as 7/10 in intensity on the average with medication and 9/10 in intensity on average without medication. The IW reports his pain is worsened since his last visit, and that medication upsets his stomach. Diagnoses include chronic pain, lumbar facet arthropathy, lumbar radiculopathy, and medication related dyspepsia. Treatment to date includes medications for pain and for treatment of upper GI upset dating back to 12/2013, and for sleep since 06/03/2014. In a progress note dated 11/18/2014 the treating provider reports bilateral paravertebral tenderness and spinal vertebral area tenderness at L4-S1 levels. The range of motion of the lumbar spine shows decreased flexion, extension, and bending secondary to limitation by pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome and in the bilateral lower extremities. Motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. Straight leg raise in the seated position was positive. Treatment plans are for an epidural steroid injection when approved, and continuation of the IW's current medical regimen that includes Ambien (zolpidem), pantoprazol, gabapentin, naproxen and Tramadol. On 12/02/2014 Utilization Review non-certified a request for Zolpidem 10mg #30, noting the medical necessity for another prescription of Zolpidem has

not been established .The Official Disability Guidelines (ODG), Pain Chapter Sanofi-synthelabo, Inc. (March 2004)

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: 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 Chapter Sanofi-synthelabo, Inc. (March 2004)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ambien

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG:Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. This medication is not intended for long-term ongoing use in the treatment of insomnia. There is no documentation of failure of first line treatment choices for insomnia. Therefore the request is not certified.