

Case Number:	CM14-0216894		
Date Assigned:	01/06/2015	Date of Injury:	12/26/2002
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/26/2014

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:

This is a 51-year-old male with a work related injury dated December 26, 2002. The injury was described as lifting heavy plates when he noted the onset of pain in his lower back. At the physician's visit dated December 1, 2014, the worker was complaining of middle to low back pain and was rated seven to eight on a scale of ten. The pain was reported to increase with driving, walking and sitting. The worker also complained of pain in the hip with prolonged weight bearing. Past medical history included right shoulder surgery, anterior lumbar decompression and fusion at the L4-L5, left hip arthroplasty, revision of lumbar fusion and decompression, hardware removal of the L4-L5, L5-S1 and a total left hip arthroplasty. Physical exam was remarkable for decreased left hip and lumbar spine range of motion. Recent radiological testing included X-rays of the lumbar spine that revealed probable solid fusion and solid L4-S1 instrumented fusion and status post left total hip arthroplasty. Diagnoses at this visit included painful degenerative disc disease at the L4-5 and L5-S1 with disc bulge at the L5-S1, status post L5-S1 decompression and fusion, status post L4-L5 decompression and fusion, status post hardware removal with exploration of fusion and revision decompression, left hip avascular necrosis due to lumbar spine condition, status post left hip resurfacing and status post total left hip arthroplasty revision. Disability status at this visit was total disability. Future treatment plan included physical therapy, medication refills of current medications and routine follow up. The utilization review decision dated December 16, 2014 non-certified the request for one prescription of Zolpidem 10 mg. The rationale for non-coverage was based on the ODG, which indicates a prescription for short-acting non-benzodiazepine hypnotic is approved for short-term

treatment of insomnia, usually two to six weeks. While sleeping pills and anti-anxiety agents are commonly prescribed in chronic pain but are rarely recommended for long-term use as they may impair function and memory more than opioid pain relievers may. There is also a concern that they may increase pain and depression over the long-term. Based on the medical records reviewed, the worker was on both alprazolam and Zolpidem. In a previous decision, the physician had been given sufficient time to discontinue the alprazolam and the worker was still on this medication and it was not recommended to continue on both medications, therefore the request for the Zolpidem was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg: Upheld

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

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. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. The patient also has depression and this medication may make that condition worse over time. For these reasons the request is not certified.