

Case Number:	CM14-0219165		
Date Assigned:	01/09/2015	Date of Injury:	10/08/2008
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on 10/8/2008. The current diagnoses are disorders of bursae and tendons in the shoulder region and osteoarthritis of the knees. There are additional diagnoses of anxiety disorder, panic attacks, depression and insomnia. On 11/10/2014, the injured worker complains of bilateral knee and left shoulder pain. The bilateral knee pain was rated 8/10 and left shoulder pain was 7/10 on a subjective pain scale. Treatment to date has included medications, TENS, physical and occupational therapy, aqua therapy, psychotherapy, cognitive behavior therapy, and acupuncture. The patient had completed multiple surgeries to the shoulders, knees and elbows. The treating physician is requesting Zolpidem Tartrate 10 mg #30, which is now under review. The medications listed are Norco, Lyrica, Ambien, gabapentin, Xanax, Skelaxin and Mobic. On 12/5/2014, Utilization Review had non-certified a request for Zolpidem Tartrate 10 mg #30. The Zolpidem was non-certified based on not being consistent with the guidelines. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10 mg, thirty count: 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, Zolpidem (Ambien) Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedative / hypnotics be limited to short term periods of less than 4 weeks for the treatment of insomnia that is non responsive to non medication measures. The chronic use of sleep medications is associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Ambien longer than the guidelines recommended 4 weeks duration. The patient is also utilizing opioids, benzodiazepines and multiple medications with sedative effects concurrently. There is no documentation of failure of non medication sleep measures or complete investigation for correctable causes of insomnia. The criteria for the use of Zolpidem tartrate 10mg #30 was not met.

Refill of Zolpidem tartrate 10 mg, thirty count: 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, Zolpidem (Ambien) Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Pain Chapter Mental illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedative / hypnotics be limited to short term periods of less than 4 weeks for the treatment of insomnia that is non responsive to non medication measures. The chronic use of sleep medications is associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Ambien longer than the guidelines recommended 4 weeks duration. The patient is also utilizing opioids, benzodiazepines and multiple medications with sedative effects concurrently. There is no documentation of failure of non medication sleep measures or complete investigation for treatable causes of insomnia. The criteria for the use of Zolpidem tartrate 10mg #30 was not met.