

Case Number:	CM15-0016343		
Date Assigned:	02/12/2015	Date of Injury:	08/12/2011
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 50 year old female, who sustained an industrial injury on 8/212/2011. The diagnoses have included adhesive capsulitis of shoulder, displacement lumbar vertebral disc without myelopathy, spinal stenosis, cervical multilevel disc disease, neck pain, right upper extremity radicular pain and lumbago. Treatment to date has included transforaminal epidural steroid injections and medication. Magnetic resonance imaging (MRI) (undated) showed disc disease at L2-3, L3-4 and L4-5 and a left sided foraminal stenosis due to a disc bulge encroaching on the left exiting nerve. Currently, the IW reports improvement in pain after the administration of transforaminal epidural steroid injections to the bilateral L3-4 and L4-5 area two weeks prior. Pain is improved in the anterior thigh and bilateral legs but there is still pain in the left groin area. Objective findings included posterior extension no more than 10 degrees and it caused radicular pain down the anterior thighs, worse on the right. Forward flexion is no more than 30-35 degrees. Her gait is mildly antalgic. Range of motion of the low back is decreased. She is able to heel toe walk. On 1/23/2015, Utilization Review non-certified a request for Zolpidem 10mg #45, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 1/28/2015, the injured worker submitted an application for IMR for review of Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, #45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: The requested Zolpidem 10mg, #45, is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting non-benzodiazepinehypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has improvement in pain after the administration of transforaminal epidural steroid injections to the bilateral L3-4 and L4-5 area two weeks prior. Pain is improved in the anterior thigh and bilateral legs but there is still pain in the left groin area. Objective findings included posterior extension no more than 10 degrees and it caused radicular pain down the anterior thighs, worse on the right. Forward flexion is no more than 30-35 degrees. Her gait is mildly antalgic. Range of motion of the low back is decreased. She is able to heel toe walk. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Zolpidem 10mg, #45 is not medically necessary.