

Case Number:	CM15-0017345		
Date Assigned:	02/05/2015	Date of Injury:	02/06/2003
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 2/06/2003 when he slipped and fell. He underwent microdiscectomy at bilateral L3-4, L4-5 and L5-S1 on 10/15/2013. The diagnoses have included lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis and bilateral knee pain. Magnetic resonance imaging (MRI) of the lumbar spine dated 8/13/20008 revealed mild degenerative disc disease and facet arthropathy with multilevel foraminal stenosis. EMG (electromyography)/NCV (nerve conduction studies) dated 6/9/2003 revealed radiculopathy. Currently, the IW complains of constant low back pain with radiation to the lower extremities with associated numbness and tingling. The pain is described as sharp, stabbing and throbbing. There is pain bilaterally at the knees and feet and lower left side ribs. Pain is rated as 8/10 with medications and 10/10 without medication. He reports medication induced gastrointestinal upset for which pantoprazole helps. Objective findings included limited range of motion to the cervical and lumbar spine secondary to pain. He is wearing a lumbar support brace. Straight leg raise is negative bilaterally. On 12/22/2014 Utilization Review non-certified a request for Zolpidem 10mg, noting that the request exceeds the guideline recommendations for short term use. The ODG was cited. On 1/29/2015, the injured worker submitted an application for IMR for review of Zolpidem 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg 1 QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter regarding Zolpidem/Ambien

Decision rationale: This patient presents with neck, low back and lower rib pain. The current request is for ZOLPIDEM 10MG 1QHS. The ACOEM and MTUS Guidelines do not address Ambien; however, the ODG Guidelines under the mental illness and stress chapter regarding Zolpidem/Ambien states, "Zolpidem, Ambien generic available Ambien CR, is indicated for short-term treatment of insomnia with difficulty of onset (7-10 days)." In this case, review of the medical file indicates the patient has been utilizing Ambien as early as 8/19/14 and the ODG guidelines only support short-term use of this medication. The requested Zolpidem IS NOT medically necessary.