

Case Number:	CM15-0119596		
Date Assigned:	06/29/2015	Date of Injury:	01/07/1997
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 69 year old male, who sustained an industrial injury on 1/7/97. The injured worker has complaints of depression, excessive worry, decreased energy, difficulty thinking, inability to relax, pressure and emptiness and inadequacy. The documentation noted that the injured worker on 11/10/14 presented I interview pressured with depressed facial expressions, visible anxiety and agitated. The documentation noted that there was functional improvement in the injured worker became less angry, less nervous and reported that he can read better. The diagnoses have included depressive disorder not otherwise specified with anxiety and psychological factors affecting medical condition. Treatment to date has included cognitive behavioral therapy; zolpidem; Buspar and bupropion. The request was for zolpidem 10mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg quantity 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1997 and continues to be treated for neck and chronic low back pain. He is receiving cognitive behavioral therapy treatments. He is also being treated for depression, sexual dysfunction, gastrointestinal problems, and insomnia his BMI of 32. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. He may have obstructive sleep apnea due to obesity or insomnia due to depression which could be directly treated. Therefore, zolpidem is not medically necessary.