

Case Number:	CM15-0121608		
Date Assigned:	07/02/2015	Date of Injury:	09/11/2002
Decision Date:	08/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
 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 64 year old female, who sustained an industrial injury on September 11, 2002. She reported pushing a box weighing about 15 pounds with her left upper extremity when she heard a pop and soon thereafter felt pain in her back. The injured worker was diagnosed as having lumbar spinal stenosis, sciatica, sacrum disorders, and non-industrial cervical postlaminectomy syndrome. Treatments and evaluations to date have included MRIs epidural steroid injections (ESIs), electromyography (EMG), and medication. Currently, the injured worker complains of low back pain, with shooting pain into the left foot to the big and second toes. The Treating Physician's report dated May 12, 2015, noted the injured worker with an antalgic gait, using a cane for assistance with ambulation. Physical examination was noted to show straight leg raise positive on the left, and spasms and guarding noted in the lumbar spine. The injured worker's current medications were listed as Zolpidem Tartrate, Morphine Sulfate ER, Gabapentin, Hydrochlorothiazide, Lantus, Lisinopril, Lovastatin, Novolog, Zyrtec, Fluoxetine-Prozac, and Mobic. The treatment plan was noted to include requests for authorization for Morphine sulfate ER, Gabapentin, and Zolpidem Tartrate. The work status was noted to be permanent and stationary with permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment, Zolpidem (Ambien).

Decision rationale: The MTUS is silent regarding Ambien. The Official Disability Guidelines (ODG) notes that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Pain specialists rarely, if ever, recommend sleeping pills, so-called minor tranquilizers, and anti-anxiety agents for long-term use, as they may be habit-forming, and may impair function and memory more than opioid pain relievers, and concern that they may increase pain and depression over the long-term. The guidelines note that Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. Ambien has been prescribed for this injured worker since June 2012. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components of insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The dose of Ambien (Zolpidem) for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. Based on the Official Disability Guidelines (ODG) guidelines, the documentation provided did not support the request for Zolpidem tartrate 10mg #20 and is not medically necessary.