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| Case Number: | CM15-0123237 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 01/03/2014 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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 57-year-old male, who sustained an industrial injury on 1/03/2014. He reported a box falling onto him. Diagnoses include neck pain, head injury, and post traumatic stress disorder. Treatments to date include medication therapy, physical therapy, and psychotherapy. Currently, he complained of headaches, ringing in the left ear and pressure in the left eye. On 5/11/15, the physical examination documented tenderness to the left cervical spine. The plan of care included Zolpidem 10mg tablets, one tablet every other day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: 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 section, Zolpidem.

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

Decision rationale: The requested Zolpidem 10mg #30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has headaches, ringing in the left ear and pressure in the left eye. On 5/11/15, the physical examination documented tenderness to the left cervical spine. 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 #30 is not medically necessary.