

Case Number:	CM15-0172347		
Date Assigned:	09/21/2015	Date of Injury:	11/22/2011
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 59 year old male, who sustained an industrial injury on 11-22-11. The injured worker was diagnosed as having osteoarthritis right hip; ganglion of joint right hip. Treatment to date has included status post right hip arthroscopy (5-8-15); physical therapy; medications. Currently, the PR-2 notes dated 8-5-15 indicated the injured worker complains of mid-back and low back and radiates down the posterior aspect of the right leg and is accompanied by numbness in both legs especially the anterior thigh. The provider notes a "MRI of the lumbar spine (no date) reveals severe degeneration at L3-4 and L4-5 with impingement on the left L4 and right L5 nerve roots. He has a spine surgery consult. Surgery was not recommended. He was not successful trying home rehabilitation. He reports that increased pain prevents him from being up and about whenever he tries household chores." The provider documents "He has had an orthopedic consult and imaging for this right hip. He has a right hip injection 12-10-14 and reports no effectiveness thus far. He had a follow-up appointment [with that provider] and it was suggested right hip replacement. He was referred [to another provider] and is finally approved and getting scheduled for surgery. A referral for right inguinal hernia consult is proceeding slowly but there is hope that with an appropriate referral he will be seen [by another surgeon provider]. [This is reportedly schedule now for 8-8-15.] The provider further document the injured worker complains of "He reports that insomnia is worse. Ambien CR 12.5mg is effective for about 5-6 hours of sleep. However, it has apparently been non-certified. [The injured worker] has tried over-the-counter anti-histamine products but experienced daytime somnolence. We include Cognitive Behavioral Therapy for sleep in our FRP. He cannot pursue

participation in our FRP until he has had surgical evaluation and probable treatment for surgery of right hip and right inguinal hernia. He cannot find a general surgeon or orthopedic surgeon who accepts worker's comp. he has started taking Cymbalta 60mg daily and it has been extremely helpful with his low back pain and helps with nocturnal pain that he experiences regularly that makes sleeping difficult, especially since the Ambien was denied." He is a status post right hip arthroscopy with labral debridement, removal of loose body, curettage and grafting with allograft bone for pelvic cyst and femoral neck osteoplasty on 5-8-15. He attended 2-3 sessions of physical therapy, but the provider indicates the rest of physical have been denied. A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 8-18-15 and non-certification was for Retro Zolpidem 10 mg #30 with 1 refill prescribed on 8-5-15. Utilization Review denied the requested medication for not meeting the CA MTUS Guidelines. Utilization Review states Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, an in-depth sleep history is essential in identifying the cause of possible sleep disturbance, which has not been established. Furthermore, the medical report dated August 5, 2015, does not establish whether the patient has made attempts at non-pharmacological sleep hygiene, which would include arising at the same time every day, avoiding naps, avoiding caffeine in the afternoons and evenings, keeping a sleep journal, et cetera. In addition, long-term and continued use of Zolpidem is not supported by the guidelines despite previous recommendations of discontinuation." Utilization Review certified the requested medications: Retro Morphine ER 15 mg #60 prescribed on 8-5-15 and Retro Duloxetine 30 mg #60 prescribed on 8-5-15. The provider is requesting authorization of Retro Zolpidem 10 mg #30 with 1 refill prescribed on 8-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Zolpidem 10 mg #30 with 1 refill prescribed on 8/5/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Zolpidem (Ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." With regard to medication history, the medical records indicate that the injured worker has used this medication since at least 1/2015. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. Furthermore, the medication is not recommended for long-term use. The request is not medically necessary.

