

Case Number:	CM15-0175714		
Date Assigned:	09/17/2015	Date of Injury:	03/29/1995
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial-work injury on 3-29-95. She reported initial complaints of right shoulder, knees, and low back pain. The injured worker was diagnosed as having bilateral knee strain, left sciatica, and right shoulder impingement. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of increased constant pain on the low back and right shoulder rated 10 out of 10. There was also pain in the left knee rated 8 out of 10. Per the primary physician's progress report (PR-2) on 5-6-15, exam noted low back and right shoulder pain and painful limited range of motion, right shoulder impingement at 90 degrees and arthrosis was noted. There was tenderness over the left paraspinal muscle and positive left sciatic notch. The Request for Authorization requested service to include Zolpidem Tartrate ER (extended release) 12.5 mg Qty 30. The Utilization Review on 8-14-15 denied the request due to use for short term treatment of insomnia with no documentation of insomnia, per Official Disability Guidelines: Pain - Zolpidem (Ambien).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate ER (extended release) 12.5 mg Qty 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: Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Insomnia Treatment (zolpidem).

Decision rationale: According to the ODG guidelines, Ambien is indicated for short-term treatment (two to six weeks) of insomnia and is not considered appropriate in for long-term sleep concerns. There are other medications that should be considered as long-term treatments for insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The provided documents do not mention any diagnosis of insomnia or sleep difficulties related to the patient's injury, and therefore the request for a sedative hypnotic is not considered medically appropriate.