

Case Number:	CM15-0176171		
Date Assigned:	09/17/2015	Date of Injury:	06/25/2008
Decision Date:	10/19/2015	UR Denial Date:	09/03/2015
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: 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 48 year old female who sustained an industrial injury on 06-25-2008. According to a progress report dated 08-21-2015, the injured worker reported continued pain in her neck and low back. Neck pain was associated with numbness and tingling extending down the right upper limb into her ring and little fingers. She had right handed weakness noticeable with activities such as writing and occasionally dropped things from her right hand. Her low back pain extended down to the right gluteal crease but did not go any lower into the limb. She was currently bothered by her low back rather than her neck pain. She had completed nine sessions of physical therapy for the cervical condition and noted "improvement" in her neck pain and stiffness, but no change in her right upper limb numbness and hand weakness. She was "tolerating" Duloxetine well in the treatment of her depression and pain. She took Cyclobenzaprine on occasion at bedtime to help with neck and low back spasms. There was no discussion in the 08-21-2015 progress report regarding sleep quality, onset of sleep and duration of sleep. Objective findings included: casually dressed and well groomed, clear sensorium, brighter mood, normal affect and no thought disorder or perceptual disturbance. Cervical range of motion was normal in flexion, slightly limited in extension and normal in lateral rotation. Upper limb tone was normal. She had normal range of motion at the shoulders, elbows, wrists and fingers. Strength for shoulder abduction, elbow flexion, wrist extension, elbow extension, finger flexion and abduction was normal bilaterally. Grip strength was reduced in the right major hand at 21 pounds compared with 42 pounds at the left hand. Diagnoses included chronic neck pain, cervical radiculitis right-sided, chronic low back pain, major depressive episode recurrent episode with anxious distress and irritable bowel syndrome. Current medications included Duloxetine, Cyclobenzaprine at bedtime as needed for lumbar spasm, Zolpidem at bedtime as

needed for pain related insomnia and Tramadol from another provider. She was temporarily partially disabled with work restrictions. She was to return in 2-3 weeks. An authorization request from the provider dated 08-25-2015 was submitted for review. The requested services included continue meds: Duloxetine 60 mg every bedtime #30 with 2 refills, Cyclobenzaprine 5 mg every bedtime #30 and Zolpidem 5 mg every bedtime as needed (quantity not specified). Records submitted for review show that Zolpidem was listed in the current medication regimen on 01-27-2015, 06-10-2015 and 08-21-2015. On 09-03-2015, Utilization Review non-certified the request for Zolpidem 5 mg at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg at bedtime # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 sustained a work injury in June 2008 and continues to be treated for chronic neck pain with right upper extremity radicular symptoms, chronic low back pain, irritable bowel syndrome, and secondary depression and anxiety. When seen, she had completed nine physical therapy treatments with improvement in net pain but no change in upper extremity symptoms. Physical examination findings included decreased and painful cervical spine range of motion with decreased right grip strength. Medications were prescribed. Zolpidem was being prescribed for pain related insomnia. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has insomnia attributed to pain. Further treatment of the claimant's night time pain would be the expected management. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, and cardiac and pulmonary conditions, if present, should also be identified and could be treated directly. The request is not medically necessary.