

Case Number:	CM15-0178142		
Date Assigned:	09/18/2015	Date of Injury:	02/19/2001
Decision Date:	10/21/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 55-year-old male who sustained industrial injuries on February 19, 2001. Diagnoses have included history of disc bulge L5-S1, status post anterior lumbar interbody fusion L5-S1, musculoligamentous sprain cervical spine, disc bulges cervical spine, bilateral carpal tunnel syndrome, status post left shoulder arthroscopy with arthroscopic subacromial decompression and left distal labrum resection, right ankle lateral ligament injury, and "insomnia associated with ongoing pain." On August 11, 2015 in his Pain Medicine Re-evaluation report, the physician references an Insomnia Severity Index, which was administered in February 2014 determining that the injured worker was classified as having severe clinical insomnia. The injured worker has been treated for pain and physical injuries through various treatments including acupuncture, surgery, injections oral and topical pain medication, but he continues to present with pain and muscle spasms, which interfere with activities of daily living, including his ability to work and sleep. Treatment for insomnia has included Zolpidem since prior to 2015. The treating physician's plan of care includes continuing his prescription for Zolpidem 10 mg. but this was denied on September 9, 2015.

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 (Chronic): Zolpidem (2015).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore, the request is not medically necessary.