

Case Number:	CM15-0077227		
Date Assigned:	04/28/2015	Date of Injury:	06/24/2014
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: Physical Medicine & Rehabilitation

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 29 year old male, who sustained an industrial injury on June 24, 2014. He has reported back pain, headache, knee pain, wrist pain, shoulder pain, and finger numbness. Diagnoses have included right knee pain, lower back pain, cervicalgia, wrist pain, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications and imaging studies. A progress note dated April 8, 2015 indicates a chief complaint of increased lower back pain, headache, increased right knee pain, right wrist pain, finger numbness, and sleep difficulties. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 06/24/2014 and presents with lower back pain, headaches, right knee pain, right wrist pain, and numbness in his fingers. The request is for ZOLPIDEM 10 mg #30. There is no RFA provided and the patient has work restrictions. "No Walking: None. Even ground. No use of the right upper extremity. No lifting over 15 pounds. No walking up inclines or stairs. No climbing ladders. No kneeling, bending, or stooping at the waist." It appears that this is the initial request for Zolpidem. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient has been diagnosed with pain in the wrist, cervicalgia, low back pain, and right knee pain. In addition, the patient "has been having difficulty sleeping." It appears that this is the initial request for zolpidem. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the request is for 30 tablets of Zolpidem which is a long term basis and is not recommended by ODG Guidelines. Therefore, the requested Zolpidem IS NOT medically necessary.