

Case Number:	CM15-0078389		
Date Assigned:	04/29/2015	Date of Injury:	08/08/2003
Decision Date:	05/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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 73-year-old female who sustained an industrial injury on 08/08/2003. Current diagnoses include chronic low back pain, lumbar degenerative disc disease, lumbar fusion, and lumbar radiculopathy. Previous treatments included medication management, epidural injections, lumbar fusion, and psychiatric evaluation. Previous diagnostic studies include an MRI's of the lumbar spine, CT of the lumbar spine, urine drug screening, and x-rays. Report dated 04/14/2015 noted that the injured worker presented with complaints that included low back pain with radicular symptoms bilaterally, with intermittent leg numbness. Pain level was 7-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included refilling medication, continue zolpidem for insomnia related to chronic pain, consideration of spinal cord stimulator, follow up with the psychiatrist, psychologist, surgeon, and gastroenterologist, and return in 4 weeks. The primary treating physician noted that she should obtain refills from the psychiatrist in the future. Psychiatric evaluation dated 02/03/2015 instructed the injured worker to discontinue the Ambien. Disputed treatments include zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg Qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.