

Case Number:	CM15-0078746		
Date Assigned:	04/29/2015	Date of Injury:	12/20/2006
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 62 year old female, who sustained an industrial/work injury on 12/20/06. She reported initial complaints of neck and low back pain and lower extremity neuropathy. The injured worker was diagnosed as having cervical degenerative disc disease, insomnia, lumbar disc displacement, neuralgia-neuritis, radiculitis, and chronic back pain. Treatment to date has included medication, epidural steroid injections to the cervical and lumbar region. Currently, the injured worker complains of ongoing neck and back pain rated 5/10 with medication and 10/10 without medication. Per the primary physician's progress report (PR-2) on 1/7/15, examination revealed antalgic gait, difficulty with transferring from sitting to standing, decreased range of motion to the cervical region, bilateral trapezius tenderness, and decreased lumbar range of motion. The requested treatments include Zolpidem ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER tab 12.5mg # 30 with 2 refills: 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), Treatment Index, 12th Edition (web), 2014, Pain - Insomnia; FDA Drug Safety Communication (01/10/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment 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. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The guidelines recommend that Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for a 3 month supply of Ambien is not clinically indicated. Thus, the request for Zolpidem ER tab 12.5mg # 30 with 2 refills is not medically necessary.