

Case Number:	CM15-0094853		
Date Assigned:	05/20/2015	Date of Injury:	10/12/2000
Decision Date:	06/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/15/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old male, who sustained an industrial injury on 10/12/2000. He reported that while working in an elevator shaft the scaffolding broke causing the injured worker to fall approximately 30 feet where he landed on his left leg. The injured worker was diagnosed as having status post high level of fall with severe left hip fracture and comminuted left ankle fracture, multiple surgeries to the left lower extremity, status post left below the knee amputation, bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment status post surgery, chronic bilateral wrist pain, discogenic low back pain, left leg phantom limb pain, and right heel pain, rule out plantar fasciitis. Treatment and diagnostic studies to date has included medication regimen, home exercise program, injection therapy, use of crutches, use of an orthopedic sleeve, acupuncture, and cognitive behavioral therapy, psychotherapy, magnetic resonance imaging of the lumbar spine, status post anterior transposition of the right ulnar nerve with release of scar tissue and external neurolysis of the right ulnar nerve, status post carpal tunnel release, status post anterior transposition of the left ulnar nerve with release of scar tissue and external neurolysis of the left ulnar nerve, left hand and wrist flexor tendon tenosynovectomies, left carpal tunnel release with external neurolysis, nerve conduction study, left knee x-ray, x-ray of the lumbar spine, magnetic resonance imaging of the lumbar spine, status post revision of below the knee amputation, fusion of the left distal tibia/fibula, neurectomy of the left knee deep peroneal nerve, and status post removal of hardware overlying the left below the knee amputation stump site. In a progress note dated 01/06/2015 the treating physician reports complaints of constant aching, throbbing, piercing, sharp, and electrical pain

with a current pain level of a 3 on a scale of 0 to 10 with the pain being present 75% of the time. The injured worker is able to perform activities of daily living, but is unable to take part in social activities. The injured worker has a current medication regimen of Nortriptyline, Celebrex, Atenolol, Q-PAP, Omeprazole, Zolpidem Tartate, Pristiq, Gabapentin, Diazepam, and Vicodin. The treating physician requested the medication Zolpidem Tartate 10mg with a quantity of 30, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 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 (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics, Benzodiazepine-receptor agonists <http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Sonata is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Zolpidem tartrate 10mg #30 is not medically necessary.