

Case Number:	CM14-0117111		
Date Assigned:	09/16/2014	Date of Injury:	07/05/2000
Decision Date:	10/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 55 year old woman whose reported date of industrial injury was 7/5/2000. She was seen on 7/2/2014 by the primary treating provider. The provider noted that the patient was obese with a BMI of 46 and bilateral knee pain, low back pain and chronic pain syndrome. She was noted to have a colostomy, chronic anxiety and depression managed with Prozac. On examination, she had low back tenderness with limitation of range of motion. On exam of the lower extremities, straight leg raising test was positive. Knee examination on the right revealed medial joint tenderness and positive McMurray's maneuver. MRI was consistent with medial meniscal tear. With chronic pain syndrome, the physician was of the opinion that the patient would not benefit from surgery until she dropped her BMI to less than 45. Her current BMI was 46. The physician recommended ongoing Ambien, Norco and topical Lidocaine. On 2/13/2014, she was seen by psychiatrist who noted that she was on Ambien CR but failed to sleep still. She was on Prozac and appeared to be responding to that therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER tab 12.5 mg #30 (30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Management of insomnia starts with an appropriate evaluation to establish the cause of insomnia. Medical disorders, depression and medication related insomnia is best managed by treating the underlying disorder. Primary insomnia or insomnia that fails to respond to sleep hygiene and appropriate treatment of the underlying disorder may be an appropriate setting for the use of primary sedative therapy. Even in these latter circumstances, sedative therapy is recommended for short term treatment, lasting two to six weeks. Long term therapy may be associated with harmful effects on mood and emotion and is to be avoided, according to applicable guidelines. The provider notes that were reviewed did not indicate a comprehensive evaluation, attempt at conservative sleep hygiene measures and appropriate / adequate treatment of the underlying disorder of chronic pain and obesity (which may cause sleep apnea). As such, ongoing chronic therapy with zolpidem ER is not medically necessary in this instance and is not recommended, until more thorough documentation is available.