

Case Number:	CM13-0020239		
Date Assigned:	10/11/2013	Date of Injury:	03/27/1997
Decision Date:	01/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Management, has a sub specialty in Interventional Spine 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 physician 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 patient is 59 year old injured worker with a date of injury March 27, 1997. The patient suffers from chronic bilateral knee pains. The patient has had 4 surgeries in the past. The utilization review letter from October 15, 2013 denied the request citing ODG guidelines not supporting chronic use of Ambien. A report dated January 18, 2013 lists left hand strain; right knee internal derangement, status post knee left knee surgery times 4; and left lateral rib cage strain. Current medications are Ambien 10mg quantity 30 and Norco quantity 120. This report lacks any discussion regarding the patient's sleep issues. A report dated August 30, 2013 states that the pain level is at 7-8/10, methadone and Ambien. Reports dated July 29, 2013 and June 26, 2013s states "see the attachment" but no new information is provided regarding the patient's sleep. A June 14, 2013 report reports a discussion regarding the patient's urine drug screen, no discussions are found regarding the patient's sleep issues. A report dated March 19, 2013 indicates medical records reviewed by the attending provider. A report dated February 18, 2013, states that the patient has 9/10 pain, no discussion regarding the patient's sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg PO QHS PRN, #7: 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).

Decision rationale: The MTUS guidelines does not discuss Ambien and the ACOEM guidelines does not address this medication. The Official Disability Guidelines (ODG) are consulted and support for chronic use of Ambien cannot be found. While short-term use of Ambien is reasonable, chronic use for insomnia is not recommended. The medical records provided for review does not indicate wht the medication is used for, and does not indicate whether or not the employee actually suffers from insomnia. No description of sleep difficulties are discussed, and no behavioral treatments discussed to address insomnia. The request for Ambien 10mg, #7, is not medically necessary and appropriate.