

Case Number:	CM13-0024093		
Date Assigned:	11/20/2013	Date of Injury:	04/13/2010
Decision Date:	01/06/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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, 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.

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 a 52-year-old male who reported a work related injury on 04/13/2010, specific mechanism of injury not stated. Subsequently, the patient is noted to be status post a right knee arthroscopy synovectomy, chondroplasty, and medial and lateral meniscectomy as of 06/26/2013. The clinical note dated 08/23/2013 reports the patient was seen for followup under [REDACTED]. The provider documents the patient is 2 months status post a right knee operative arthroscopy, synovectomy, chondroplasty, and medial and lateral meniscectomy. The provider documents the patient has mild pain daily to the bilateral knees, right greater than left. The patient reported, however, that he was feeling better postoperatively. The patient is currently utilizing a course of postoperative physical therapy. The patient reports pain does disrupt his sleep, but not on a nightly routine. Upon physical exam of the patient, the right lower extremity extended to 170 degrees and flexed to 90 degrees. The provider administered prescriptions for Norco 10/325 mg 1 by mouth q. 12 hours as needed, Ambien 10 mg #30 for insomnia as needed, tramadol ER 150 mg, and naproxen 550 mg, as well as Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Ambien 10mg, #30 between 8/23/2013 and /23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The clinical documentation submitted for review failed to evidence support for the patient's utilization of Ambien. The provider documents the patient is seen postoperative to a right knee arthroscopic procedure as of 06/2013. The provider documented the patient reported he was feeling better with less pain complaints and a definite increase in objective functionality about the knee. Official Disability Guidelines indicate, "Zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short term, usually 2 week to 6 week treatment of insomnia." The clinical notes failed to evidence how long the patient had been utilizing this medication for his sleep pattern complaints, as well as the efficacy of this treatment. Given all of the above, the request for 1 prescription of Ambien 10mg, #30, between 8/23/2013 and 8/23/2013 is neither medically necessary nor appropriate.

One (1) prescription of Ambien 10mg, #30 between 8/23/2013 and 11/03/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic..

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 clinical documentation submitted for review failed to evidence support for the patient's utilization of Ambien. The provider documents the patient is seen postoperative to a right knee arthroscopic procedure as of 06/2013. The provider documented the patient reported he was feeling better with less pain complaints and a definite increase in objective functionality about the knee. Official Disability Guidelines indicate, "Zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short term, usually 2 week to 6 week treatment of insomnia." The clinical notes failed to evidence how long the patient had been utilizing this medication for his sleep pattern complaints, as well as the efficacy of this treatment. Given all of the above, the request for 1 prescription of Ambien 10mg, #30, between 8/23/2013 and 11/03/2013 is neither medically necessary nor appropriate.