

Case Number:	CM13-0060006		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2012
Decision Date:	05/21/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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:

According to the records made available for review, the patient is a 45-year-old female with a 9/18/12 date of injury. At the time of request for authorization for Zolpidem Tartrate, there is documentation of subjective knee joint pain with passive movement, knee joint stiffness in the morning. Objective findings of Lachman test demonstrated one plane anterior instability, McMurray test laterally was positive. Current diagnoses of internal derangement of left knee post surgical. Treatment to date includes 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).

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

Decision rationale: The MTUS guidelines do not specifically address this issue. The Official Disability Guidelines (ODG) identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks)

treatment of insomnia. Within the medical information available for review, there is documentation of internal derangement of left knee post surgical. However, there is no documentation of insomnia and that the medication will be used on a short-term basis. The request for Zolpidem Tartrate 10mg #30 is not medically necessary and appropriate.