

<b>Case Number:</b>	CM13-0072707		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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:

The applicant has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 30, 2006. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; a total knee arthroplasty; and sleep aids. In a Utilization Review Report of December 27, 2013, the claims administrator approved a request for Norco while denying a request for Ambien. The applicant's attorney subsequently appealed. In an earlier note of October 30, 2013, the applicant was described as working modified duty work but did have persistent complaints of pain, swelling, and stiffness about the knee following a total knee arthroplasty. The applicant was walking with the aid of a cane. In a progress note of November 27, 2013, the applicant was given prescriptions for Norco and Ambien, the latter of which was to be employed as needed. The applicant was described as working and had persistent complaints of knee pain. Despite the fact that Ambien was reportedly being furnished for as-needed use purposes, the applicant was given 30 tablets of the same. It appears that the applicant was earlier given 30 tablets of Ambien on October 2, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 TABLETS OF AMBIEN 10MG: 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), Zolpidem (Ambien).

**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 does not address the topic. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem or Ambien is indicated in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended in the chronic, long-term, and/or scheduled use purpose for which it is being proposed here. In this case, the attending provider is seemingly providing Ambien for long-term use purposes. The applicant has received several recent prescriptions for Ambien. Therefore, the request is not medically necessary, for all of the stated reasons.