

Case Number:	CM13-0072720		
Date Assigned:	01/15/2014	Date of Injury:	03/27/1997
Decision Date:	06/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 worker is a 59 year old male with a reported date of injury on 03/27/1997 when he slipped and fell. According to the progress note written on 01/18/2013 the injured worker had surgery to the left knee in 04/1997, 04/1998, 10/1998, and 03/08/2000. The injured worker was prescribed Norco and Ambien since 01/18/2013. A drug screening was performed 05/20/2013 which showed positive Methadone which was prescribed; however, Ambien showed negative although it was prescribed. The progress note from 11/22/2013 noted knee pain unchanged at 8/10 and to refill Ambien. The request for authorization form was not submitted with the medical records. The request is for Ambien 10mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2013 Pain,Zolpidem.

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, Sedative Hypnotics, Ambien.

Decision rationale: The request for Ambien 10mg #30 is not medically necessary. The injured worker has been given prescriptions for Ambien since at least 01/18/2013. The Official Disability Guidelines do not recommend for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. The injured worker had a drug screen 05/20/2013 and it did not show Ambien in the screening. The progress notes show complaints of pain but not insomnia. Therefore, the request is not medically necessary or appropriate.