

Case Number:	CM14-0005604		
Date Assigned:	02/07/2014	Date of Injury:	09/20/1999
Decision Date:	06/27/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/15/2014

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 patient is a 54-year-old female who has submitted a claim for chondromalacia of the patella and sprains/strains of the knee and leg associated with an industrial injury date of September 20, 1999. Medical records from 2012-2013 were reviewed showing the patient having bilateral knee pain. There is pain with activity and range of motion. The pain is aggravated by bending, flexion of the knees, recreational activities, prolonged standing, and walking. The right knee has a pain level of 4/10, cannot kneel on it and was associated with increased instability and stiffness. On the other hand, the left knee has a pain level of 4/10 with increased instability, stiffness and popping. Physical examination of the left knee showed mild patellar femoral joint crepitation, mild anterior and posterior lateral joint line tenderness, and mild anterior joint line tenderness. There was pain with active flexion and mild atrophy of the quadriceps muscle. Patellar compression test and patellar crepitation test were both positive. For the right knee, there was mild patellar femoral joint crepitation, mild anterior medial and lateral joint line tenderness, moderate anterior lateral joint line tenderness, and mild posterior joint line tenderness. There was also pain with active flexion but no quadriceps muscle atrophy. Patellar compression and patellar crepitation test were both positive as well. Motor and sensory exam were normal. MRI of the right knee, dated October 15, 2013, showed stable suprapatellar fat pad edema, slight progression of edema with the fat posterior to the posterior cruciate ligament. Treatment to date has included medications, left knee arthroscopy, right shoulder surgery, neck surgery, and visco-supplementation injections. Utilization review dated December 12, 2013 denied the request for Zolpidem 10mg #30 because there is not explicit documentation of current sleep disturbance, results of sleep behavior modification attempts or documentation of failed trials of other guideline-supported treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM TABLETS 10 MG # 30: 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 (ODG) Pain Chapter, Zolpidem

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem treatment was used instead. ODG states that zolpidem is a non-benzodiazepine hypnotic, which is approved for short-term (usually two to six weeks) treatment of insomnia. In this case, the patient has been taking Zolpidem since May 2013. This exceeds the guidelines recommendation of short-term use of up to six weeks. Moreover, the documentation did not indicate functional gains from the use of Zolpidem. In addition, there was no discussion concerning the patient's sleep hygiene. The request for Zolpidem tablets 10 mg, thirty count, is not medically necessary or appropriate.