

Case Number:	CM14-0006760		
Date Assigned:	02/07/2014	Date of Injury:	11/21/2005
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 33 year old male who injured his right knee on November 21, 2005 and has since been having chronic right knee pain. He was diagnosed with a lateral meniscus tear, osteochondritis dissecans and patellofemoral chondromalacia of the right knee. Since then he has had instability of the right knee joint and reinjuries related to the instability. Over the years he had been treated with surgeries, NSAIDs, opioids, and physical therapy. It was noted in the documents provided that the worker had been using various medications over the years for his depression, including Zoloft and Cymbalta for an undetermined amount of time. Zolpidem (Ambien) was also being used by the worker for insomnia which was at least partially related to his chronic knee pain, and was noted in the documents provided as one of the worker's medications as far back as 2009, prescribed by his psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG, #120: 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), Mental Illness And Stress Section, Sedative Hypnotics, and Pain Section, Zolpidem.

Decision rationale: The California MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 3 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, the Ambien was used by the worker in part due to his right knee pain, as reported in the documents provided, and had been using this medications for many years after his injury, which is not recommended use for this type of medication. The request is not medically necessary.