MAXIMUS Federal Services

| Case Number: | CM14-0019677 | | |
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| Date Assigned: | 04/28/2014 | Date of Injury: | 08/11/2003 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

## 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 an employee of [redacted] and has submitted a claim for intervertebral disc disorder with myelopathy of the cervical region associated with an industrial injury date of August 11, 2003. Treatment to date has included multiple orthopedic operations such as total knee arthroplasty and tight carpal tunnel release and pain medications such as Tramadol and Norco. Medical records from 2013-2014 were reviewed. The patient complains of severe low back pain, knee pain, and bilateral wrist pain. Pain progressively worsens over time. Upon physical exam, the patient has an antalgic with unstable knee. There is muscle spasm involving the trapezius, levator scapulae, and rhomboids; tenderness at C6-7, T1-T2, L4-L5, and S1; and knee flexion is limited. Tinel's and Phalen's signs are positive. The patient was diagnosed with carpal tunnel syndrome, lumbar spinal stenosis, and failed total knee replacement arthroplasty. Although the patient is in severe pain in multiple parts of his body, there was no mention of inability to sleep or sleep disturbances.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG, #30 WITH 1 REFILL:** 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 Official Disability Guidelines (ODG) Chronic Pain.

**Decision rationale:** The California MTUS/ACOEM guidelines do not address the issue in dispute, so the Official Disability Guidelines (ODG) were used instead. The ODG states that Zolpidem (Ambien), a non-benzodiazepine sedative-hypnotic, is indicated for insomnia for a short-term period (usually two to six weeks). However, there is no mention in the medical records that the patient has encountered problems with sleeping or has any sleeping disorder. Furthermore, Zolpidem 10mg has been used since February 2013, which exceeds the guideline recommendation of short-term use. There are no reports regarding improvements brought about by the medication. As such, the request is not medically necessary.