MAXIMUS Federal Services

Case Number:	CM14-0164359		
Date Assigned:	10/09/2014	Date of Injury:	06/19/2003
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 48 year old female with an injury date of 9/19/03. Based on the 9/04/14 progress report, this patient uses "Ambien at night for insomnia due to throbbing pain in her knee." She also reports "increasing difficulty trying to weightbear and walk, with knee pain a 9/10 today; at best a 4/10 with medications, a 10/10 without them. Exam of this patient's right knee reveals obvious swelling. She can actively flex the knee 90 degrees, extend 0 degrees. There is varus and valgus laxity with stress testing. There is laxity with anterior drawer sign as well with crepitus on passive range in flexion to extension. Patellar compression is very painful. Impression of this patient: Status post right knee arthroscopy with ongoing knee pain and severe degenerative joint disease (DJD) in the knee joint complicated by obesity. The utilization review being challenged is dated 9/23/14. The request for authorization on 9/23/14 was non-certified based on ODG guidelines, which do not recommend long-term use. Documented use is consistent with long-term daily use. 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 Official Disability Guidelines, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Chronic Pain, Chapter online, Zolpidem (AmbienÂ®).

Decision rationale: This patient presents with insomnia due to worsening right knee pain. The treater requests Ambien 10mg #30. The Official Disability Guidelines state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in patients with chronic pain, they are rarely recommended for long-term use. Review of submitted medical records indicates this patient has been prescribed this medication since 6/09/14. This patient's current medication regimen has included Ambien for more than 3 months, which exceeds ODG-TWC guidelines, which approves short-term use of two to six weeks. The request exceeds the recommended time frame for use. The request is not medically necessary.