

Case Number:	CM14-0176667		
Date Assigned:	10/29/2014	Date of Injury:	03/05/2004
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/24/2014

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:

The patient is a 60 year-old male with the date of injury of 03/05/2004. The patient presents with pain in both of his knees. The patient rates his pain as 5-9/10 on the pain scale, depending on the intake of medications. The patient describes his pain as aching, burning and throbbing. There is mild effusion in the right knee joint. Examination reveals positive McMurray's test bilaterally. The patient presents limited range of knee motion. Knee flexion is 130 degrees and extension is 5 degrees bilaterally. The patient reports having difficulty walking or running due to locking of knees and/or weakness in his right leg. The patient is currently taking Diclofenac, Norco, Pamelor and Ambien. According to [REDACTED] report on 09/25/2014, diagnostic impressions are;1) Localized osteoarthritis not otherwise specified of lower leg s/p left knee arthroscopy with subsequent left knee arthroplasty with persistent pain2) Joint derangement not elsewhere classified or unspecified site3) Abnormality of gait4) Knee pain both5) Depression6) Knee bursitis unspecified. The utilization review determination being challenged is dated on 10/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/09/2014 to 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10 mg, QTY: 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 (ODG), Pain (Acute and Chronic), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: The patient presents with pain and weakness in both of his knees. The patient is s/p left knee arthroscopy and left knee arthroplasty. The request is for Zolpidem tartrate 10mg. ODG guidelines have the following regarding Ambien for insomnia: " Zolpidem [Ambien (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, the patient has utilized Zolpidem tartrate for his insomnia since 03/06/2014. ODG Guidelines does not recommend long-term use of this medication; recommendation is not medically necessary and appropriate.