

<b>Case Number:</b>	CM14-0179996		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/19/2005
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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 69 year-old patient sustained an injury on 11/19/05 while employed by [REDACTED]. Request(s) under consideration include Retrospective, Ambien 10mg #60, DOS 8/12/14. The patient has history of Mono-arthritis affecting the right knee and is s/p right total knee arthroplasty on 3/17/14. The patient received home health PT in April 2014 and was prescribed Percocet and Tramadol post-operatively. Report of 8/12/14 from the provider noted unchanged moderate to severe knee pain now on Gabapentin as well. The patient had completed 12 sessions of outpatient PT with clinical findings of PROM to 110 degrees flexion. Treatment plan included medication refills. The request(s) for Retrospective, Ambien 10mg #60, DOS 8/12/14 was modified for #30 on 10/2/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective, Ambien 10mg #60, DOS 8/12/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®), pages 877-878

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Retrospective, Ambien 10mg #60, DOS 8/12/14 is not medically necessary and appropriate.