

Case Number:	CM14-0039717		
Date Assigned:	06/27/2014	Date of Injury:	11/01/2010
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 applicant has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of November 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; knee viscosupplementation injection; sleep aid; earlier knee arthroscopy in 2012; and transfer of care to and from various providers in various specialties. A May 12, 2014 progress note is notable for comments that the applicant had persistent complaints of knee pain. The applicant was using Flexeril, Norco, and Voltaren gel, it was stated. The applicant's primary issue was knee arthritis, it was stated. It was suggested that the applicant was working regular duty. An earlier note of December 2, 2013 was also notable for comments that the applicant had returned to regular work. The applicant was given a Synvisc injection at this point in time. There was no explicit mention of Ambien usage at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Ambien ([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guidelines.

Decision rationale: While the MTUS does not specifically address the topic of Ambien specifically, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that an attending provider employing medications for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, provide some medical evidence to justify usage of the same. In this case, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. However, the attending provider's request for Ambien in an unspecified amount, quantity, and dosage implies chronic, long-term, and/or scheduled usage of Ambien. This is not an FDA approved indication for the same. No compelling medical evidence has been furnished to support usage of Ambien for non-FDA labeled purposes. Therefore, the request is not medically necessary.