

Case Number:	CM14-0046791		
Date Assigned:	07/02/2014	Date of Injury:	07/02/2010
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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 is a 65 year old patient who sustained injury on July 2 2010 after falling and landing on his knees and hands. The patient underwent a total knee replacement of both knees in 2013. He was prescribed lipitor, norco, pennsaid, zanaflex, ambien. The patient was noted to have ongoing issues with pain in the knees and lower back which did interfere with sleep. The patient was diagnosed with degeneration of the intervertebral disc, lumbago, lumbosacral spondylosis without myelopathy.

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) insomnia.

Decision rationale: Per ODG guidelines, Ambien is a short-acting sedative hypnotic. It is used to treat insomnia for about 2-6 weeks. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. 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 (Feinberg 2008). See insomnia treatment. Ambien CR offers no significant clinical advantage over regular release ambien. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in insomnia treatment. (Ambien and Ambien CR package insert). Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy but better long-term outcomes were achieved when Ambien IR was discontinued and maintenance of CBT continued (Morin 2009). The patient had been on this therapy for over this time period and there was no medical establishment of this medication found. It is therefore not medically necessary.