

<b>Case Number:</b>	CM14-0060123		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 4/28/03 date of injury, status post total knee arthroplasty 11/28/12, and status post right sided L3 to L5 laminectomy and partial facetectomy 5/16/13. At the time (4/10/14) of request for authorization for Ambien 5mg #50, there is documentation of subjective (back pain feels better, but right leg still stiff and numb, neck pain, less headache, left shoulder pain, right and thumb numb, right leg numb, difficulty to bend knee and frequent lock up) and objective (ambulates with analgic and slow gait with limp, surgical scar on right knee and lumbar spine area, left hand sensation decreased over ulnar distribution with diminished pinprick, decreased sensation right leg and foot, hand grip weaker on left 4+/5, decreased range of motion of neck and back, and Spurling test equivocal) findings, current diagnoses (chondromalacia patella, pain in right knee joint, cervicgia, rule out radiculopathy, and comorbid insomnia), and treatment to date (medications (including Ambien since at least 11/6/13)). There is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #50:** 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 Chapter.

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

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chondromalacia patella, pain in right knee joint, cervicalgia, rule out radiculopathy, and comorbid insomnia. However, given documentation of records reflecting prescriptions for Zolpidem since at least 11/6/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, given documentation of ongoing treatment with Ambien, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #50 is not medically necessary.