

<b>Case Number:</b>	CM14-0076981		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Family Practice 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 injured worker is a 57 year old female who had work related injury on 01/06/13, she sustained an injury when she fell on stairs. She had complaints of left knee pain. MRI of left knee dated 10/14/13 small peripheral tear of posterior horn of the medial meniscus. No tears extending to the articular surface. Small joint effusion. Treated with home exercise program, ice heat and medication, and physical therapy. On 04/08/14 the patient complained of left knee pain rated 5/10 characterized as aching and dull radiating to the left hip, thigh, and foot. Medications were helping, she tolerated them well. She showed no evidence of developing medication dependency. Pattern of medication use was previously described. Physical examination she ambulated to examination room without assistive device. She was able to sit comfortably. Tenderness to palpation over medial joint line and patella of left knee. Sensation to pin prick was decreased over lateral calf on left side. Diagnosis contusion of knee. Pain in joint of lower leg. Prior utilization review on 04/25/14 non-certified. Current request was for Ambien 5mg #30. Valium 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg Qty 30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment/Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Zolpidem (Ambien).

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 5 mg cannot be recommended as medically necessary.

**Valium 10mg Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for this medication cannot be recommended as medically.