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| Case Number: | CM14-0088111 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 09/23/2008 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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:

The claimant has a history of a work injury occurring on 09/23/08 when she slipped on water, falling on both of her knees. She had back and bilateral knee pain. The next day she developed neck pain radiating to the shoulders. Treatments included left knee arthroscopy. She was seen on 12/12/12. She was having ongoing right knee pain. She had not improved after a series of viscosupplementation injections. As of 10/08/12 she had ongoing symptoms. Pain was rated at 5-7/10. On 01/15/13 pool therapy was helping. Medications included hydrocodone-acetaminophen, naproxen, omeprazole, and zolpidem. On 04/01/14 she was having ongoing knee pain with weight bearing activities. She was having GI irritation and was requesting medications for sleep. Physical examination findings included moving slowly and cautiously. She had bilateral knee effusions with bilaterally joint line and patellar tenderness and crepitus. She had decreased and painful knee flexion. She was not using an assistive device. Zolpidem, 5 mg #30, Norco 5/325 mg #90, and omeprazole 20 mg #60 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5 mg tbalets: 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

Decision rationale: Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. For example, the claimant has chronic knee pain which may be causing secondary insomnia. If that were the case, further treatment of her knee pain would be the appropriate management. Therefore, based on the information provided, the prescribing of Ambien was not medically necessary.