

Case Number:	CM14-0006566		
Date Assigned:	03/03/2014	Date of Injury:	10/20/2008
Decision Date:	03/20/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 10/20/08. She has reported pain in the lower back and left knee. The diagnoses have included elbow sprain, knee and leg sprain, and contusion of the hip and knee. Treatment to date has included physical therapy, MRI of the spine, electrodiagnostic studies, left knee meniscal repair and oral medications. As of the PR2 dated 4/25/13, the injured worker reported low back and knee pain. There is no documentation of insomnia, anxiety or depression. The treating physician is requesting a prescription for Sentra Zolpidem PM-5 unit 180. On 1/7/14 Utilization Review non-certified a request for a Sentra Zolpidem PM-5 unit 180. The UR physician cited the ODG guidelines. On 1/17/14, the injured worker submitted an application for IMR for review of a Sentra Zolpidem PM-5 unit 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 8/4/11) FOR SENTRAZOLPIDEM PM-5 UNIT 180: 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 ODG Pain chapter Zolpidem (Ambien®)

Decision rationale: The patient presents with pain affecting her left knee. The current request is for Sentrazolpidem PM-5 unit 180. According to nutrientpharmacology.com, Sentrazolpidem PM-5 is a convenience packed medical food & drug that combines Zolpidem (used to treat insomnia) and Sentra PM (a medical food that stimulates the body to produce neurotransmitters to help with sleep). The 8/4/11 report was not provided for this review. The reviewing physician states, "The documentation continues to have inadequate information concerning the prescription of the sleep medication. There is insufficient information about the patient's sleep hygiene habits nor was there a recent assessment of sleep pattern disturbances." (11C) The primary treating physician's 04/25/13 report states, "The patient denies having depression, anxiety, suicidal attempts, or difficulty sleeping." (30C) The ODG guidelines state, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In this case, the reviewing physician did not document the patient's sleep hygiene or if the patient had taken this medication prior to this request. The physician is also prescribing a duration of use beyond that allowed by ODG. The current request is not medically necessary and the recommendation is for denial.