

Case Number:	CM14-0180444		
Date Assigned:	11/05/2014	Date of Injury:	01/22/2001
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 53-year-old female with a 1/22/01 date of injury. At the time (10/13/14) of the request for authorization for Ambien 10mg #30 x 3 months, there is documentation of subjective (decreased right knee and unchanged low back pain) and objective (marked left shift gait with incomplete right knee extension and minimal weight bearing on the right leg, marked tenderness was noted of the right knee joint line with a mild effusion, moderate myofascial spasm and tenderness was noted of the bilateral temporalis, bilateral splenius capitis, bilateral semispinalis cervicis, bilateral shoulders, and bilateral thoracic paravertebral muscles, right lower extremity weakness with a -3/5 strength testing, allodynia was noted over the right patella) findings. The current diagnoses are right knee arthralgia, right knee degenerative osteoarthritis, complex regional pain syndrome type I right lower extremity, low back pain, disc protrusions at L3-4 and L4-5, rule out lumbar discogenic pain, right L5 radiculopathy, sleep disturbance and depression, status post implantation right L4-5 Pisces quad neuroelectrode and rechargeable Restore pulse generator 12/1/11, and right foot and right ankle pain and tenderness. The treatment to date includes medication including Ambien for at least 6 months. There is no documentation of insomnia; 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; and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 x 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter; Anxiety medications in chronic pain

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; Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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. Official Disability Guidelines identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine 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 right knee arthralgia, right knee degenerative osteoarthritis, complex regional pain syndrome type I right lower extremity, low back pain, disc protrusions at L3-4 and L4-5, rule out lumbar discogenic pain, right L5 radiculopathy, sleep disturbance and depression, status post implantation right L4-5 Pisces quad neuroelectrode and rechargeable Restore pulse generator 12/1/11, and right foot and right ankle pain and tenderness. However, there is no documentation of insomnia. In addition, given documentation of treatment with Ambien for at least 6 months, 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; and the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 x 3 months is not medically necessary.