

Case Number:	CM14-0188111		
Date Assigned:	12/16/2014	Date of Injury:	02/26/2008
Decision Date:	02/06/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational Medicine 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 67-year-old male with a 2/26/08 date of injury. At the time (10/22/14) of request for authorization for 1 prescription of Ambien 10mg #30, there is documentation of subjective (chronic bilateral knee and right shoulder pain, low back pain radiating to the bilateral lower extremities, and sleep disturbance secondary to chronic pain) and objective (antalgic gait favoring the right lower extremity, decreased lumbar range of motion with spasm and guarding, and generalized tenderness to the bilateral knees) findings, current diagnoses (derangement meniscus, right knee osteoarthritis, neck pain, disorders of sacrum, sciatica, lumbar spinal stenosis, and bilateral shoulder pain), and treatment to date (ongoing therapy with Ambien since at least 6/25/14 with improved sleep). There is no documentation of short-term (two to six weeks) treatment of insomnia 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:

1 prescription of Ambien 10mg #30: Upheld

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

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. 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. 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. Within the medical information available for review, there is documentation of diagnoses of derangement meniscus, right knee osteoarthritis, neck pain, disorders of sacrum, sciatica, lumbar spinal stenosis, and bilateral shoulder pain. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Ambien since at least 6/25/14, there is no documentation of short-term (two to six weeks) treatment of insomnia. In addition, despite documentation of improved sleep with Ambien, there is no (clear) 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 1 prescription of Ambien 10mg #30 is not medically necessary.