

Case Number:	CM14-0195053		
Date Assigned:	12/02/2014	Date of Injury:	02/20/2007
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

This injured worker's date of injury is 02/20/2007. This patient receives treatment for chronic low back with left sided sciatica, knee and hip pain. The original injury occurred at work when the patient stepped on rebar. The patient had a total left knee replacement and gastric bypass surgery. The patient is opioid dependent. Medications taken include: Roxicodone, oxycodone, tramadol, Pantoprazole, and Sentra PM. On exam both hips and left knee show reduced ROM. The back is tender on palpation. Sensation is decreased in both legs. The patient's BMI is 38, which indicates obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien mg 1 tablet qhs #30; no refills: 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 Other Medical Treatment Guideline or Medical Evidence: UpToDate.com Treatment of Insomnia, by Michael Bonnet, PhD

Decision rationale: Ambien (Zolpidem) may be medically indicated for the short-term management of insomnia, six weeks. Long-term Zolpidem use is associated with significant side

effects including: sleep walking, dependence, and tolerance. Most experts in the treatment of insomnia recommend first a trial of cognitive behavior therapy and sleep hygiene in the management of insomnia. This is not documented. In addition, there is no documentation regarding sleep apnea, which can often be found in obese patients. Sedative use is contraindicated for some patients with sleep apnea. Ambien is not medically necessary.