

<b>Case Number:</b>	CM14-0201233		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 67 year old male with an injury date of 08/01/07. Based on the 07/08/14 progress report, the patient complains of bilateral knee discomfort which he rates as a 5/10, right greater than left. The 08/26/14 report indicates that the patient continues to have bilateral knee pain which he rates as a 6/10. He also has bilateral shoulder pain, right greater than left. Regarding the right knee, palpation shows slight tenderness over the medial knee, patellar region, and lateral knee. Palpation of the left knee revealed slight tenderness over the peripatellar region. There is slight swelling of the knee as well. The 10/21/14 report states that the patient still has difficulty sleeping due to his pain. No additional positive exam findings were provided. The patient's diagnoses include the following: 1) Right knee strain with contusion and residual ongoing pain. The utilization review date being challenged is dated 11/07/14. Treatment reports were provided from 04/28/14- 11/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, zolpidem (Ambien)

**Decision rationale:** The patient presents with bilateral knee pain and bilateral shoulder pain. The request is for Ambien 10 mg #30. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines Mental Illness and Stress Chapter, zolpidem (Ambien) state: "Zolpidem (Ambien generic available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the patient has difficulty sleeping due to his pain. Progress reports indicate that the patient has been taking Ambien as early as 04/22/14. The patient has been taking Ambien on a long-term basis which is not indicated by ODG Guidelines. ODG Guidelines support only 7 to 10 days of this medication for insomnia. Therefore, the request is not medically necessary.