

Case Number:	CM14-0201873		
Date Assigned:	12/12/2014	Date of Injury:	12/07/2009
Decision Date:	01/31/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	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 Occupational Medicine and is licensed to practice in Montana. 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 is a female worker with a date of injury of 12/7/09 when she fell on wet ground. She continues to complain of bilateral knee pain and low back pain. Imaging studies have shown significant osteoarthritis with meniscal injury in both knees. Lumbar MRI did reveal degenerative disc disease with neuroforaminal stenosis and protruding disks in the lower lumbar area. Examination shows tenderness to palpation in the lumbar spine with decreased range of motion. The knees have decreased range of motion with tenderness along the joint line and her gait is antalgic. Treatment has included physical therapy with aquatics and home exercise program, knee braces, TENS unit, Synvisc and corticosteroid injection of the knees and medications. Medications have included Norco, diclofenac, topical analgesics, amlodipine and Ambien. Current diagnoses include bilateral knee osteoarthritis with internal derangement, lumbar strain/sprain with degenerative disc disease rule out discopathy, and bilateral hip strain. A request was made for Ambien 10mg #30, Diclofenac ER 100mg #30 and Amlodipine 5mg #30. On 11/21/14 Utilization Review denied the Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30, 1 tab QHS: 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), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dug Formulary, Zolpidem (Ambien)

Decision rationale: The use of Ambien is not specifically addressed in the MTUS. The ODG guidelines note that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. Due to adverse effects the FDA now requires lower doses for zolpidem. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case, the medical records document use of Ambien since at least February 2014, well beyond the two to six weeks (short-term) recommendation for treatment. The request for Ambien 10mg at HS #30 is not consistent with published guidelines and is not medically necessary.