

Case Number:	CM14-0210142		
Date Assigned:	12/23/2014	Date of Injury:	09/26/2006
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal 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:

The injured worker (IW) is a 54-year-old man with a date of injury of September 26, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is left knee pain. Pursuant to the progress report dated November 4, 2014, the IW complains of low back pain and bilateral knee pain. The IW reports the Ambien has been denied and he is unable to sleep at night. He reports all over body pain over the neck, shoulder, back, knee, hands, and hip. Examination of the lumbar spine reveals restricted range of motion and tenderness. Examination of the left knee reveals tenderness to palpation over the lateral joint line, medial joint line, and patella. Patellar grind test is positive. Current medications include Cialis 20mg, Miralax powder, Lidoderm 5% patch, Colace 250mg, Biotene mouthwash, Pennsaid 1.5% solution, Ambien 10mg, Baclofen 10mg, Omeprazole 20mg, Phenergan 25mg, Flector 1.3% patch, Gabapentin 300mg, and Norco 10/325mg. The IW has been taking Ambien since May 20, 2014, according to a progress note with the same date. The documentation at that time states, "quality of sleep is poor". The treating physician also states, "Zolpidem helps with depression". This language is carried out throughout the monthly progress reports by the treating physician. According to the note dated November 4, 2014, the IW reports quality of sleep is poor. The treating physician reports Ambien helps the IW sleep 4 to 5 hours, but none without. He aging documents that Zolpidem (Ambien) helps with depression. The current request is for 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: 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) Treatment Index, 12th Edition (web), 2014, Pain- Insomnia

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (Zolpidem) is a non-benzodiazepine short-acting hypnotic which is recommended for short-term (7 to 10 days) treatment of insomnia. See the Official Disability Guidelines for details. In this case, the injured worker is being treated for left knee pain. The documentation from a May 20, 2014 progress note states the injured worker has poor sleep quality and Zolpidem (Ambien) helps with depression. June 3, 2014 progress note indicates Ambien helps with sleep. The injured worker sleeps 4 to 5 hours with Ambien. . In a July 2014 progress note, the treating physician, again, indicates Ambien helps with depression. Ambien is a short acting (7 to 10 day) treatment for insomnia. It is not indicated for depression. The treating physician has clearly exceeded the recommended guidelines for short-term (7 to 10 days) treatment. Additionally, the documentation does not contain objective functional improvement as pertains to Ambien. Consequently, absent clinical documentation to support the ongoing use of Zolpidem, a clinical rationale and treatment in excess of the recommended guidelines (7 to 10 days), Ambien 10 mg #30 is not medically necessary.