

Case Number:	CM14-0217717		
Date Assigned:	01/08/2015	Date of Injury:	03/10/2014
Decision Date:	03/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who suffered an industrial related injury on 3/10/14. A physician's report dated 6/5/14 noted the injured worker was diagnosed with end-stage medial patellofemoral arthritis. A physician's report dated 12/3/14 noted the injured worker continued to have left knee pain. The physical examination revealed spasm in the paraspinal muscles. Tenderness to palpation of the paraspinal muscles was also noted. The sensory examination showed no deficit in any of the dermatomes of the lower extremities to pinprick or light touch. The sitting straight leg raise test was positive on the right. Tenderness over the left knee with pressure was present. Range of motion in bilateral knees with flexion and extension was normal. McMurray's test was positive on the left. The diagnoses included lumbar radiculopathy and internal derangement of the left knee. The physician recommended Zolpidem Tartrate 10mg. On 12/19/14 the utilization review (UR) physician denied the request for Zolpidem Tartrate 10mg #30. The UR physician noted Zolpidem is a short acting non-benzodiazepine hypnotic which is approved for the short term treatment of insomnia. Hypnotics should generally be limited to 7-10 days of use. The medical records did not provide evidence of subjective complaints of insomnia. Without subjective findings and diagnosis of insomnia the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate tablets 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)- Zolpidem (ambien), Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Formulary, have the following regarding Ambien for insomnia: Pain chapter: Zolpidem Ambien (generic available), Ambien CR?]

Decision rationale: The patient presents with constant pain in his lower back. The request is for Zolpidem Tartrate Tablets 10mg #30. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: Zolpidem Ambien (generic available), Ambien CR is indicated for the 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, none of the reports discuss the patient's sleep problem. There is no indication that this medication is to be used for a short-term either. The reports do not show how long this medication has been prescribed. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The request is not medically necessary.