

Case Number:	CM15-0102103		
Date Assigned:	06/04/2015	Date of Injury:	06/06/2008
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 55 year old male who sustained an industrial injury on 6/6/08 (per Utilization review) injuring his right hip and left knee when he jumped from a tractor twisting his left knee. He currently complains of neck pain and stiffness; headaches; shoulder pain; left knee and right hip pain. He recently had a fall going up stairs when his left knee gave out causing him to fall. He sustained a left knee abrasion and rib fracture. He has pain with basic activities of daily living. He has difficulty with sleep. Medications are Ambien, Norco, omeprazole, Voltaren Gel, Cialis. Diagnoses include lumbar spine pain; chronic left knee pain; lateral meniscus tear; internal derangement, left knee; status post-surgery left knee arthroscopy; sexual dysfunction secondary to opioid use; compensatory pain, rule out derangement, right hip; diabetes; depression; anxiety; insomnia. Treatments to date include medication; icing; physical therapy for the left knee that significantly improved pain; cortisone injection left knee (3/5/15). Diagnostics included x-rays of the left knee (4/2/15) showing some medial compartment narrowing, no fracture. On 4/8/15 the treating provider requested Ambien CR 12.5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain chapter-insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. The pain was likely the cause of sleep disturbance and the Ambien was not used for a primary sleep disorder. Continued use of Zolpidem(Ambien) is not medically necessary.