

<b>Case Number:</b>	CM15-0106864		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	05/19/2001
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 60 year old male who sustained an industrial injury on 5/19/01. The injured worker was diagnosed as having chronic right and left knee pain, chronic pain syndrome, degenerative joint disease of the right and left knees, axial low back pain, myofascial pain syndrome, lumbar facet pain, right L5 radiculopathy acute vs chronic and lumbar spondylosis without myelopathy. Currently, the injured worker was with complaints of discomfort in the low back and right knee. Previous treatments included nerve block, status post right total knee arthroplasty and medication management. Previous diagnostic studies included radiographic studies. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #30 with 2 refills:** 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), Pain, Zolpidem (Ambien); Pain, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia Medications.

**Decision rationale:** The requested Ambien 5mg #30 with 2 refills, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has discomfort in the low back and right knee. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 5mg #30 with 2 refills is not medically necessary.