

Case Number:	CM15-0108793		
Date Assigned:	06/15/2015	Date of Injury:	06/05/2012
Decision Date:	07/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 06/05/2012, reporting bilateral knee pain. On provider visit dated 05/29/2015 the injured worker has reported bilateral knee pain. Examination was limited. The diagnoses have included intractable right and left knee pain, and chronic pain syndrome. Treatment to date has included surgical interventions, injections, and medications. The provider requested Zolpidem Tartrate 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 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, 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) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem (Ambien) 10 mg #30 is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis are cellulitis of leg, right knee infected totally arthroplasty. The documentation in the medical record consists predominantly of hospital-based records. The injured worker had a right total knee replacement that became infected. There was a hospitalization subsequent irrigation and debridement. A single progress note dated January 30, 2015 does not contain documentation of Ambien. There is no documentation in the medical record indicating when Ambien was started and length of time Ambien was continued. Utilization review indicates a request for additional information was submitted. No additional information was received. A request was submitted for Zolpidem (Ambien) 10 mg #30. This is a one-month supply. The guidelines recommend short-term (7-10 days) supply. Additionally, there were no subjective complaints of sleep difficulties or insomnia. Consequently, absent clinical documentation with sleep difficulties and/or insomnia with a prescription for Zolpidem 10 mg #30 (an amount in excess of the recommended guidelines for 7 to 10 days), Zolpidem (Ambien) 10 mg #30 is not medically necessary.