

Case Number:	CM15-0135430		
Date Assigned:	07/23/2015	Date of Injury:	09/25/2004
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 36-year-old male who sustained an industrial injury on 09/25/2004. Current diagnoses include right knee pain, severe anxiety and depression, and insomnia due to pain. Previous treatments included medications, knee brace, TENS unit, knee exercises, surgical intervention, and cortisone injection. Previous diagnostic studies include right knee x-rays and MRI of the right knee. Report dated 06/15/2015 noted that the injured worker presented with complaints that included severe throbbing pain in the knee. Pain level was nine (today), four (with medications), and 10 (without medications) out of 10 on a visual analog scale (VAS). The injured worker has 50% improvement in pain, 50 % functional improvement with use of medications. The injured worker also states that he has continued anxiety, depression, and depressed mood, Physical examination was positive for limited range of motion of the right knee, excessive laxity including varus and valgus maneuver as well as anterior drawer sign, patellar compression is very painful with peripatellar edema, and positive McMurray's sign with audible clicking medially. The treatment plan included refilling medications which included methadone, Norco, Abilify, Prozac, omeprazole, and Ambien, continue wearing Don Joy brace, continue TENS unit, follow up with orthopedic surgeon, and follow up in 4 weeks. Report dated 10/07/2014 documented that the injured worker has been taking Ambien lately to help him sleep because of the throbbing nature of his pain. Disputed treatments include Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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), Pain, 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 (chronic), Zolpidem (Ambien).

Decision rationale: According to the ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The medical records submitted supports that the injured worker has been using Ambien long-term since at least 10/2014, which is not consistent with the guidelines. The provider did not submit an evaluation of the use of Ambien for the injured workers complaint of insomnia. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.