

Case Number:	CM15-0137824		
Date Assigned:	07/27/2015	Date of Injury:	04/07/2003
Decision Date:	09/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male, who sustained an industrial injury on April 7, 2003, incurring back and lower extremity injuries after heavy lifting. He was diagnosed with a lumbar strain, left sacroiliitis, right knee strain with a medial meniscus tear, and a left knee strain with torn medial meniscus. Magnetic Resonance Imaging of both knees confirmed the meniscus tears. Treatment included physical therapy, anti-inflammatory drugs, knee bracing, and work restrictions. The injured worker developed bilateral hip avascular necrosis and had a left total hip arthroplasty in December, 2005, and a right total hip arthroplasty in April, 2006. He underwent a right knee partial meniscectomy in February, 2008. Currently, the injured worker complained of right knee pain and left hip pain secondary to bursitis and tendinitis. He complained of persistent low back pain aggravated by walking, standing and activities of daily living. The treatment plan that was requested for authorization included a prescription for Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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, Pain Chapter.

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: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 2013. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. There was no documentation of any quantified measures of improvement in sleep quantity or quality. The request is not medically necessary.