

<b>Case Number:</b>	CM15-0164100		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/30/1998
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 56 year old male, who sustained an industrial injury on 06-30-1998. He has reported injury to the neck, low back, bilateral shoulders, and bilateral knees. The diagnoses have included chronic pain syndrome; degeneration of cervical intervertebral disc; degeneration of lumbosacral intervertebral disc; shoulder joint pain; knee pain; left knee tricompartmental degenerative joint disease; and status post left total knee replacement, on 01-27-2015. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Butrans Patch, Flector Patch, Celebrex, Codeine Sulfate, Pennsaid Solution, Zanaflex, Lansoprazole, Voltaren Gel, Omeprazole, and Ambien. A progress note from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. The injured worker reported that the left knee post total knee replacement is better; the right knee is bothering him; the pain level is rated at 6 out of 10 in intensity with medications; the pain level is rated at 9 out of 10 in intensity without medications; bilateral knee pain is constant, and worsening on the right; right knee pain is associated with swelling, redness, and warmth; the neck pain is tingling and aching and radiating to the bilateral upper extremities; and the pain is associated with numbness. Objective findings included an antalgic gait; he ambulates with a cane; knee brace on the right; the right knee has erythema, swelling and warmth; and the right knee active range of motion is decreased with pain on extension and flexion. The treatment plan has included the request for Zolpidem ER tablet 12.5mg quantity 30 for 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem ER tablet 12.5mg qty 30 for 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem, Mental Illness and stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ambien](http://www.drugs.com/ambien).

**Decision rationale:** This 56 year old male has complained of low back pain since date of injury 6/3/1998. He has been treated with TENS, physical therapy and medications to include Ambien for at least 1 month duration. Zolpidem (Ambien) is recommended for the short-term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. Based on the available medical documentation and per the MTUS guidelines cited above, Ambien is not medically necessary.