

Case Number:	CM15-0166340		
Date Assigned:	09/04/2015	Date of Injury:	09/24/2013
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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 51 year old female who sustained a work related injury September 24, 2013. She tripped and fell forward over a backpack, landing on her hands and knees. She was initially provided a back brace and pain medication. Past history included right shoulder surgery April 2013, right hand surgery October 2012, and hypertension. According to a primary treating physician's progress report, dated July 6, 2015, the injured worker presented with complaints of left knee pain with stiffness and locking and low back pain, rated 5 out of 10, with radiation to buttocks, bilateral hips and posterior leg. Physical examination revealed; 208 pounds; lumbar spine-moderate right and left flank tenderness, flexion 60 degrees, extension 35 degrees, right and left rotation 10 degrees, straight leg raise negative; right shoulder-Hawkins-Kennedy impingement test positive right; left knee-McMurray's and patellar grind tests are positive. Assessments are documented as internal derangement of left knee; acute medial meniscus tear of left knee. Treatment plan included arthroscopy for left knee, an updated MRI of the left knee, activity modifications, and continue with home exercise program. At issue, is the request for authorization for Zolpidem Tartrate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg #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, Insomnia Treatment; 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), Insomnia Treatment.

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The number of tablets and inappropriate number of refills show plans for inappropriate chronic use. The chronic use of Ambien is not medically appropriate and is not medically necessary.