

Case Number:	CM15-0169394		
Date Assigned:	09/10/2015	Date of Injury:	05/12/1994
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, Texas

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 74 year old female, who sustained an industrial injury on 5-12-1994. The mechanism of injury was unknown. The injured worker was diagnosed as having left knee replacement with chronic left knee pain. Progress notes dated 5-6-2015, reported the injured worker complained of chronic worsening left knee pain. Physical examination revealed slow gait and decreased left knee range of motion with no joint line tenderness. Radiology studies were not provided. Treatment to date has included surgery, Ambien, Voltaren gel and Hydrocodone. The physician is requesting Ambien 5mg #30 with 1 refill. The injured worker has been prescribed Ambien since at least 2-2015. On 7-29-2015, the Utilization Review non-certified the request for Ambien 5mg #30 with 1 refill, stating it should only be used for a short period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 with 1 refill: 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 Chapter, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of Ambien for chronic insomnia. The FDA has approved the use of Ambien for short-term treatment of insomnia (with difficulty of sleep onset). Ambien is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication, a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case, the documentation doesn't support that the patient has had an appropriate work-up to rule out underlying medical and psychiatric illnesses. Furthermore, non-pharmacologic treatment has not failed. The use of Ambien is not medically necessary.