

<b>Case Number:</b>	CM15-0180803		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old female who sustained an industrial injury on 05-31-2014. The injured worker was diagnosed with lumbar right foraminal disc protrusion, right wrist ganglion and medial meniscal tear. The injured worker is status post right knee arthroscopy and debridement for meniscal tear on December 5, 2014. According to the treating physician's progress report on August 11, 2015, the injured worker continues to experience low back pain radiating to the left leg rated at 7 out of 10 on the pain scale, right knee pain with giving out resulting in a fall rated at 6-7 out of 10 and right wrist pain at 8 out of 10 on the pain scale. The injured worker takes Norco, which brings the average pain from 8 down to a 3-4 out of 10 on the pain scale. Evaluation noted height at 66 inches and a weight of 219 pounds. Examination of the lumbar spine noted decreased range of motion with tenderness to the paraspinal muscles with positive Kemp's sign bilaterally. Neurovascular status was intact distally. Examination of the right wrist demonstrated tenderness to the volar, thenar, interosseous spaces and lateral aspect of the wrist with slight decreased range of motion and decreased grip strength at 4 out of 5. The right knee had decreased range of motion but improved since last visit. Flexion was documented at 130 degrees and 0 degrees extension. There was decreased quadriceps strength and positive McMurray's sign. Neurovascular status was intact distally. Prior treatments included diagnostic testing with recent right knee magnetic resonance imaging (MRI) on August 3, 2015, surgery, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program and medications. Current medications were listed as Norco and Ambien. Urine drug screening performed on 08-11-2015 was consistent with prescribed medications.

Treatment plan consists of follow-up visit for lumbar spine, extension for transcutaneous electrical nerve stimulation (TEN's) usage, home exercise program, pending scheduling for authorized home health care evaluation, dispensing the authorized KeraTek topical analgesic gel and the current request for Ambien 5mg #30. The Utilization Review modified the request for Ambien 5mg #30 to Ambien 5mg #15 on 09-02-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien Tab 5mg #30 1 Q Hs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in May 2014 and continues to be treated for right wrist and knee pain and radiating low back pain. Recent treatments include physical therapy for the right knee with completion of four treatments as of 08/14/15. When seen, Norco was helping to decrease pain. She was taking Ambien as needed to help with sleep. Physical examination findings included a BMI of over 35. There was decreased knee, wrist, and lumbar spine range of motion. There was wrist and lumbar spine tenderness. There was decreased knee strength with positive McMurray's testing. Kemp's testing was positive bilaterally. Ambien was continued. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not medically necessary.