

<b>Case Number:</b>	CM15-0184745		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 38 year old male, who sustained an industrial injury on 08-07-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right knee meniscus tear, right knee sprain-strain, status post surgery to right knee. Treatment and diagnostics to date has included right knee surgery and medications. Recent medications included Lorazepam, compound creams, Cyclobenzaprine, and Tramadol. After review of progress notes dated 07-15-2015 and 08-12-2015, the injured worker reported right knee pain rated 5 out of 10 on the pain scale. Objective findings noted on 08-12-2015 progress noted the injured worker being status post right knee surgery, dressing cleaned and changed, and suture removed. The request for authorization dated 08-12-2015 requested Zolpidem 10mg #30, 1 by mouth at bedtime as needed. The Utilization Review with a decision date of 08-27-2015 non-certified the request for Zolpidem 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30 for DOS 8/12/15:** 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), Treatment for insomnia; Physician's Desk Reference, Ambien (Zolpidem Tartrate).

**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 August 2014 when he had right knee pain when stepping off from a ladder. He had an arthroscopic meniscectomy on 08/05/15. When seen, he was having continuous knee pain. Pain was rated at 5/10. Routine postoperative care was provided. The claimant's body mass index is 28. Authorization for Ambien is being requested. 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 considered medically necessary.