

Case Number:	CM15-0206053		
Date Assigned:	10/22/2015	Date of Injury:	05/04/2012
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 05-04-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for patella chondromalacia, osteoarthritis of the left knee, cervical disc disease, lumbar disc disease, and sprain of the thoracic region. Medical records (01-22-2015 to 09-17-2015) indicate ongoing left knee pain. Pain levels were rated 6-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate improved sleep patterns and physical functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-17-2015, revealed left knee swelling and tenderness. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (Ambien since at least 02-2015). The request for authorization (09-18-2015) shows that the following medication was requested: Ambien 10mg #30. The original utilization review (09-28-2015) non-certified the request for Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Chapter, under Zolpidem.

Decision rationale: The current request is for Ambien 10mg #30. The RFA is dated 09/18/15. Treatment history included left knee surgery, physical therapy, work restrictions, and pain medications. The patient has not returned to work. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) Report 09/17/15, the patient presents with continued left knee pain, rated as 8/10. The physical examination revealed left knee swelling and tenderness. Treatment plan included refill of medications, and physical therapy. Progress reports are hand written and partially illegible. This patient has been prescribed Ambien since 02/15/15. ODG recognizes that "Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." However, short-acting non-benzodiazepine hypnotic prescriptions like Ambien, are not recommended for long term use as they can be habit forming, impair function and memory. ODG do not support the use of this medication for longer than 7- 10 days. The requested 30 tablets in addition to prior use does not imply the intent to utilize this medication for short term. Therefore, the request is not medically necessary.