

Case Number:	CM15-0207726		
Date Assigned:	10/26/2015	Date of Injury:	03/14/2003
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained an industrial injury on 3-14-03. Documentation indicated that the injured worker was receiving treatment for chronic left knee pain. Previous treatment included left knee surgery times three, physical therapy, bracing, injections, transcutaneous electrical nerve stimulator unit and medications. The injured worker underwent additional left knee surgery with meniscus repair on 6-19-15. In a Utilization Review appeal letter dated 8-24-15, the physician noted that the injured worker used Ambien intermittently on an as needed basis due to insomnia secondary to chronic pain. The physician stated that the injured worker reported getting inadequate sleep without Ambien. The injured worker received postoperative physical therapy and medications. In a visit note dated 9-23-15, the injured worker complained of ongoing left knee pain, rated 10 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. Documentation did not mention sleep status. In objective findings, the physician noted that the injured worker did not exhibit any fatigue or lethargy. The injured worker was alert and oriented and walked with an antalgic gait using a cane. The treatment plan included refilling medications (Ambien, Norco and Morphine). On 10-13-15, Utilization Review noncertified a request for Ambien 5mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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), Chapter, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.