

<b>Case Number:</b>	CM15-0223938		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Texas, California  
 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:

The injured worker is a 59 year old male, who sustained an industrial-work injury on 4-15-03. A review of the medical records indicates that the injured worker is undergoing treatment for right knee arthritis status post total knee arthroplasty (TKA) and right thigh atrophy. Treatment to date has included pain medication, Norco, Nucynta, Ambien since at least 1-9-15, surgery right knee 4-8-14, physical therapy 24 sessions with improvement, diagnostics, and other modalities. Medical records dated 9-25-15 indicate that the injured worker complains of pain and tightness of the right knee. The patient had right knee pain at night and insomnia. Per the treating physician report dated 9-25-15 the injured worker is retired. The physical exam reveals right knee with well healed incision, range of motion 0-130 degrees with some right thigh atrophy and swelling in the knee. There is pain with palpation to the knee especially with full extension. The physician treatment is second opinion with revision specialist and to re-new the Ambien for his insomnia as the right knee causes discomfort at night and results in insomnia. The medical records do not detail insomnia, sleep onset, sleep maintenance, sleep quality, next day functioning or other sleep hygiene issues. The request for authorization date was 10-6-15 and requested service included Ambien 10 MG #30. The original Utilization review dated 10-14-15 non-certified the request for Ambien 10 MG #30. The patient's surgical history includes surgery for right shoulder, right knee and left knee. A recent detailed psychiatric examination was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 MG #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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/02/15) Zolpidem is a short-acting nonbenzodiazepine hypnotic.

**Decision rationale:** Request: Ambien 10 MG #30. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10 MG #30 is not fully established for this patient, given the records provided and the guidelines cited. When discontinuing this medication, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.