

<b>Case Number:</b>	CM15-0032175		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	06/02/1994
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Internal Medicine

### 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 55 year old female, who sustained an industrial injury on June 2, 1994. She has reported a knee injury. The diagnoses have included internal derangement of the knee and chronic pain due to injury. Treatment to date has included surgery and medications. On February 4, 2015, the injured worker complained of intermittent left knee pain impairing range of motion, chronic insomnia related to her chronic pain and anxiety with some depression secondary to chronic pain. On February 12, 2015, Utilization Review non-certified Ambien 10mg #60 and Modafinil 200mg #30, noting the CA MTUS Guidelines. On March 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Ambien 10mg #60 and Modafinil 200mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) Zolpidem (Ambien).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Zolpidem (Ambien). ODG guidelines states that Zolpidem should be used for only a short period of time. The long-term use of Zolpidem is not supported by ODG guidelines. The request was for Ambien 10 mg #60. ODG guidelines states that Ambien (Zolpidem) should be used for only a short period of time. The request for Ambien 10 mg #60 would enable long-term use and is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.

**Modafinil 200 MG Every Day #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) Modafinil (Provigil).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Modafinil (Provigil). Official Disability Guidelines (ODG) Pain (Chronic) indicates that Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The progress report dated 2/4/15 documented knee complaints and insomnia. No narcotic opioid pain medications were prescribed. No narcolepsy or obstructive sleep apnea was documented. No indications for Modafinil (Provigil) were documented. Provigil is indicated to improve wakefulness in adult patients with narcolepsy or obstructive sleep apnea. The request for Modafinil (Provigil) is not supported by the medical records or ODG guidelines. Therefore, the request for Modafinil is not medically necessary.