

Case Number:	CM15-0043441		
Date Assigned:	03/13/2015	Date of Injury:	02/14/2012
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 40 year old male, who sustained an industrial injury on 2/14/12. He reported initial complaints of left knee sharp pain. The injured worker was diagnosed as having left knee internal derangement; right knee overload sprain/strain; symptoms of anxiety and depression; symptoms of insomnia, cephalgia; hypertension secondary to pain. Treatment to date has included physical therapy; home exercise program; left knee cortisone injection; status post left knee arthroscopy (8/31/12); MRI left knee (9/24/14);MRI right knee with Arthrogram (9/24/14); MRI lumbar spine (11/24/14); x-rays bilateral knees (11/24/14); CT scan right knee (12/8/14); drug screening for medical management; medications. Currently, per PR-2 notes dated 1/30/15 the injured worker complains of pain in the left and right knees aggravated by repetitive kneeling, squatting and lifting. The provider has requested ultrasound guided cortisone injection for the right knee for therapeutic and analgesic purposes along with encouraging self-directed home therapy, MRI of the right knee and psychological consultation regarding stress. The provider has requested Ambien 10mg #60 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien, FDA approved package insert.

Decision rationale: The patient is a 40 year old male with an injury on 02/14/2012. He has knee pain. The request is for Ambien 10 mg # 60. The FDA approved indication for Ambien is for up to 35 days. The use of Ambien for 60 days is experimental and investigational treatment and is not medically necessary.