

<b>Case Number:</b>	CM14-0111019		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/01/1997
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 64-year-old female was reportedly injured on August 1, 1997. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of neck pain, upper extremity pain, back pain, and left lower extremity pain. The injured employee currently receives home health aide four hours per day, three days per week. The physical examination demonstrated an antalgic gait with the assistance of two single point canes. Diagnostic imaging studies of the right knee revealed a medial meniscal tear and degenerative changes of the anterior horn of the lateral meniscus. An MRI of the left knee revealed postoperative changes of the medial meniscectomy and moderate degenerative changes of the medial compartment. There is grade 3-4 chondromalacia of the medial femoral condyle. Previous treatment includes a left knee arthroscopy. A request had been made for Ambien 10 mg and a home health evaluation which were not certified in the pre-authorization process on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #210:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Zolpidem updated October 2, 2014.

**Decision rationale:** Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. This request for Ambien is for 210 tablets. As such, this request for Ambien 10 mg is not medically necessary.

**Home Health Evaluation for possible 4 days per week 4 hours per day #16:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelineswork Loss Data Institute

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for home health services includes that the injured employee be homebound on at least a part-time or intermittent basis. Despite that the injured employee currently receives home healthcare, there is no documentation that the injured employee is truly homebound. Without additional justification, this request for a home health evaluation for a possible four hours per day four days per week is not medically necessary.