

Case Number:	CM14-0128511		
Date Assigned:	08/15/2014	Date of Injury:	10/24/2007
Decision Date:	10/20/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is a 44 year old female who was injured on 10/24/2007 when she fell off bus steps, injuring both ankles, knees and developing lumbar backache. Prior medication history included Vicodin, Naproxen, omeprazole, and Synthroid. Progress report dated 07/15/2014 states the patient presented with complaints of pain and locking of left knee. On exam, she has evidence of a knee strain. On RFA 07/15/2014, Ambien 10 mg was requested for this patient. In reviewing the medical records, there is no indication by the patient of insomnia neither is a diagnosis of insomnia in the records provided. Prior utilization review dated 07/29/2014 states the request for Ambien 10 mg (quantity unknown) is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693025.html>

Decision rationale: The guidelines recommend ambien as an option for short-term therapy of insomnia. It is generally recommended that ambien be used after a trial of conservative care. The most recent data suggests that the use of sleep aid medications have numerous side effects and are over prescribed. The clinical documents did not discuss the patient's insomnia. It is not clear if the patient has tried and failed conservative management of the insomnia. The request did not include a quantity of pills for the ambien. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.