MAXIMUS Federal Services

Case Number:	CM14-0147788		
Date Assigned:	09/15/2014	Date of Injury:	07/14/2012
Decision Date:	10/31/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation 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 injured worker is a 58-year-old male who reported an injury on 07/14/2012 reportedly while the injured worker was at work on his knees for about a month and a half he got up to get his phone and his knee went backwards and he fell to the pavement. The injured worker's treatment history included MRI studies, x-rays, chiropractic treatment, physical therapy, and medications. The injured worker was evaluated on 08/13/2014 and it was documented the injured worker was complaining of difficulty sleeping, depression, and he gets easily angered. He was also complaining of problems with concentration, dizziness, memory, and pain in other areas of the body, headaches, high blood pressure, and shortness of breath, fatigue and difficulty performing daily activities. Physical examination revealed the injured worker was no in any acute distress. The injured worker ambulated with a normal plantigrade gait and uses no external equipment. Exam of the left knee revealed slightly lifting, trying to favor the left knee. The knee showed no true suprapatellar. There was a well healed surgical scar portal, slight crepitus was positive. Range of motion of the knee was unrestricted from full extension to 150 degrees of flexion with no crepitus in the patellofemoral joint. The patellar tracts were normal. There was tenderness noted at the medial joint line. The cruciate function of the knee was intact with a negative anterior and posterior drawer sign and a negative Lachman's maneuver. Gross stability of the knee was satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. Medications included Norco 10/325 mg and Ambien 5 mg. Diagnoses included S/P left knee arthroscopic surgery, and insomnia. The request for authorization dated 08/13/2014 was for Ambien 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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, Treatment Index, 12th Edition (web), 2014, Pain Insomnia Treatment

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 (AmbienÂ®).

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.