

Case Number:	CM14-0097576		
Date Assigned:	07/25/2014	Date of Injury:	05/01/2006
Decision Date:	09/23/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 05/01/2006. The mechanism of injury was not provided. On 02/25/2014, the injured worker presented with neck, upper extremity, and knee pain. Upon examination, there was weakness and restrictive range of motion. The diagnoses were status postoperative arthroscopy, arthroscopic partial meniscectomy, and internal derangement of the knee, bilateral wrist tenosynovitis and cervical sprain/strain, and chronic pain syndrome. Current medications included Ambien, Prilosec, Anaprox, Norco, and FlexMed. The provider recommended Ambien, the provider's rationale was not provided. The Request for Authorization form was dated 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 (ODG) Pain Chapter: Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ambien.

Decision rationale: The request for Ambien 10mg #30 is not medically necessary. The Official Disability Guidelines state Ambien is a prescription short acting non-benzodiazepine hypnotic which is approved for short term, usually 2 to 6 week treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short term benefit. Sleeping pills, or so called minor tranquilizers and antianxiety agents are commonly prescribed for chronic pain, however pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is concern that they may increase pain and depression over long term. The injured worker does not have a diagnosis congruent with the guideline recommendation of Ambien or signs and symptoms related to insomnia. Additionally, the injured worker has been prescribed Ambien since at least 03/2014 and the efficacy of the medication has not been established. The provider's request for Ambien 10 mg with a quantity of 30 would exceed the guideline recommendation of short term treatment. As such, this request is not medically necessary.