

<b>Case Number:</b>	CM14-0215596		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 male who was injured on 11/30/10. According to 9/3/14 orthopedic note the patient continues to have neck, lower back pain, bilateral elbow pain with numbness in ring finger and bilateral knee pain. He has difficulty with ADLs and still requires Norco to help control pain. On physical exam there is cervical tenderness to palpation and positive axial compression test. There is tenderness over medial joint line bilaterally. Diagnoses include C5-6, C6-7 stenosis, internal derangement of bilateral knees and impingement of left shoulder. He is status post left knee arthroscopic meniscectomy on 10/7/14. According to clinic note on 11/26/14 the patient had functional improvement with physical therapy following surgery. On physical examination there was slight tenderness upon palpation over medial and lateral joint lines and crepitus on range of motion. Provocative tests were negative. Plan is to continue with physical therapy. Impressions include left knee internal derangement as well as right knee, strain of the cervical and lumbar spine. There is no mention of prescription of ambien and there is no mention of diagnosis of insomnia. The peer reviewer opined that Ambien is not appropriate for long term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg quantity 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

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

**Decision rationale:** According to cited ODG, Zolpidem is approved for short-term use for treatment of insomnia of 7-10 days duration. Continued long-term use has limited efficacy in managing insomnia and increases risk of depression, dependence and abuse. Consequently, the provided medical records and clinical guidelines do not support the current prescription of one month use of Zolpidem as being medically necessary at this time.