

Case Number:	CM14-0219052		
Date Assigned:	01/09/2015	Date of Injury:	01/19/1995
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/31/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 75 year old man sustained an industrial injury on 1/19/1995 due to cumulative injury to his bilateral knees and back. Current diagnoses include lumbago, depressive disorder, peripheral neuropathy and insomnia. Treatment has included oral medications (Norco, Voltaren, Cymbalta, Lyrica, Trazadone), caudal epidural steroid injections, and removal of a right infected total knee replacement and hardware on 9/9/2014 with post-operative physical therapy. Subjective findings on 1/6/15 show complaints of severe foot pain resulting in bed rest. Objective findings on exam reveal abnormalities of right knee. After thorough assessment, the treatment plan includes awaiting the results of a request for authorization for a caudal epidural injection and education about sleep hygiene techniques. There is mention on 12/18/14 that the physician has prescribed a trial of Trazadone since the Ambien was denied, however, no documentation as of yet regarding the effectiveness of this medication and sleep hygiene techniques. On 11/25/2014, Utilization Review evaluated a prescription for Ambien CR 12.5mg #45 d/s 22. The UR physician noted that there is documentation of current sleep disturbance without results of sleep behavior modification attempts or documentation of failed trials of other treatments. The MTUS, ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #45: 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 (Chronic), Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem, insomnia treatment

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. This medication has been prescribed since at least 04/14 which is longer than short term. There has been no discussion of the patients sleep hygiene (although mention of it on 12/18//14 appears in the records) or the need for variance from the guidelines, such as ?a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patients insomnia. The patient has been tried on trazadone but no further mention of the results. ODG additionally states ?The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documents provided do not detail these components. As such, the request for Ambien 12.5mg CR is not medically necessary at this time.