

<b>Case Number:</b>	CM14-0094507		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old male, who sustained an industrial injury on 1/1/2001. He reported right knee pain after pushing a machine. The injured worker was diagnosed as having status post right total knee arthroplasty revision, post-operative tibial fracture, and left knee tri-compartmental arthropathy. Treatment to date has included medications, x-rays, right knee surgery, walker, crutches, cane, physical therapy, and magnetic resonance imaging. The request is for Ambien. On 4/29/2014, he complained of difficulty sleeping secondary to pain, and pain of the right leg at the shin and calf area. The treatment plan included: Ambien. The records indicate he had total knee revision of the right knee approximately 6 months prior to the request for Ambien. He is reported to be recovering well, and participating in a home exercise program. The records do not indicate objective findings of sleeping issues, how many hours of sleep are obtained nightly, or what the injured worker's sleeping routine (hygiene) is.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 2 refills:** 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 (Chronic) Ambien/Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for right knee pain. When seen, he was having difficulty sleeping due to pain. Treatments have included right knee revision arthroplasty surgery in October 2013. Ambien is being prescribed on a long term basis. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant has insomnia secondary to pain. Treatment of the claimant's night time pain would be appropriate. Continued prescribing of Ambien was not medically necessary.