

Case Number:	CM15-0102199		
Date Assigned:	06/04/2015	Date of Injury:	08/28/2012
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, Florida, California

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 51 year old female, who sustained an industrial injury on 8/28/12. She reported pain in her right knee. The injured worker was diagnosed as having right knee sprain, right knee internal derangement, lumbar sprain, lumbar radiculitis and insomnia. Treatment to date has included physical therapy and an EMG/NCV study. Current medications include Amitriptyline, Voltaren gel and Ambien. On 11/26/14, the injured worker reported that she had stopped taking Ambien because she could not wake up the next morning and slept part of the day. As of the PR2 dated 2/18/15, the injured worker reports right knee pain that radiates to the right ankle and lumbar spine. She indicated that the pain makes it difficult to sleep and at times is unable to sleep at all from the pain. Objective findings include a positive straight leg raise test at 45 degrees; knee range of motion is 0-150 degrees and tenderness at the medial joint line. The treating physician requested Ambien 5mg #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 (ODG), Pain, Zolpidem (Ambien).

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

Decision rationale: This claimant was injured back in 2012 with right knee injury and has alleged insomnia. She stopped the Ambien in November, as she had difficulty waking up. There is still subjective pain as of February 2015. The reason to resume the Ambien, given the significant side effect, is not clear from the records. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term usage. Moreover, the patient stopped usage fairly recently due to significant side effects. The medicine was appropriately non-certified.