

Case Number:	CM15-0013842		
Date Assigned:	02/02/2015	Date of Injury:	01/15/2012
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old female, who sustained a work injury as a bus driver on 1/15/12 when she fell into a broken storm grate causing her left leg, up to the knee to fall into the drain. She has reported symptoms of new pain in the anterior side of the left knee on flexion and medial and lateral knee pain on flexion of right knee, as of 9/23/14 per progress report. Prior medical history includes injuries to her hands in 2008 and her low back in 1999. The diagnoses have included medial meniscus tear of bilateral knees. Treatment to date has included medication and physical therapy. Medications included Zolpidem (Ambien), Tramadol, and Aleve. The Magnetic Resonance Imaging (MRI) of the left knee on 3/5/12 reported horizontal cleavage tear at the meniscocapsular junction to the articular surface of posterior horn and body of medial meniscus along with focal defect at anterior medial tibial plateau, lateral patella compression and a shallow trachlear groove potential for chondromalacia. The MRI of the right knee dated 5/3/12 reported partial grade III signal/tear involving body and posterior horn of medial meniscus, small knee joint effusion, Baker's cyst. The Injured Worker requested pain medication as well as sleep medication. A request was made for Ultram and Ambien. On 1/9/15, Utilization Review non-certified Ambien 10 mg #15 with 5 refills, noting Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #15 with 5 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), Web version, Pain, Zolpidem

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #15 with five refills is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain. Pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnoses are contusion of knee; disruption of other ligaments; and tear medial meniscus knee. The documentation indicates the injured worker has been taking Ambien as far back as March 28, 2012. There is no documentation of insomnia or sleep complaints. Ambien is a short acting non-benzodiazepine hypnotic indicated for short-term (7 to 10 days) treatment of insomnia. There are no compelling clinical facts to support the ongoing use of Ambien. The treating physician has clearly exceeded the recommended guidelines. The injured worker is seen every six months and given a six-month prescription. Consequently, absent clinical documentation in the absence of objective functional improvement to support the ongoing use of Ambien, Ambien 10 mg #15 with five refills is not necessary.