

Case Number:	CM15-0015092		
Date Assigned:	02/03/2015	Date of Injury:	03/14/2014
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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
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 60 year old male, who sustained an industrial injury on 3/14/2014 due to cumulative trauma from repetitive work. The diagnoses have included patellofemoral arthritis, lumbar radiculopathy and internal derangement of the left knee. Treatment to date has included medications, physical therapy, consultations, injections and activity modification. Currently, the IW reports no benefit from injections. He has significant pain walking, getting out of a chair and going downstairs. Objective findings are recorded as without change. A total knee replacement was discussed and magnetic resonance imaging (MRI) was requested. On 1/13/2015, Utilization Review modified a request for Zolpidem tartrate 10mg #30 for the purpose of tapering. There is no documentation of any functional improvement. The ODG was cited. On 1/27/2015, the injured worker submitted an application for IMR for review of Zolpidem tartrate tablets 10mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate tablets 10mg #30 for purposes of taper for discontinuation over the course of the next 1-2 months: 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 (web: updated 12/31/14)

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Zolpidem is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Zolpidem (Ambien). ODG guidelines states that Zolpidem should be used for only a short period of time. The long-term use of Zolpidem is not supported by ODG guidelines. Therefore, the request for Zolpidem is not medically necessary.