

<b>Case Number:</b>	CM15-0112334		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/12/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 40 year old male patient who sustained an industrial injury on 02/12/2012. A recent primary treating office visit dated 05/08/2015 reported the patient with subjective complaint of with increased pain in his right knee and low back. He states his low back pain continues to radiate down bilateral legs accompanied by numbness and tingling sensations. Objective findings showed a positive McMurray's and compression testing. A MR Arthrogram done on 04/23/2015 of the right knee showed decreased size of the medial meniscus, which may be post- surgical in nature. There is narrowing of the anterior cruciate ligament and evidence of joint effusion. There are findings consistent with a tear in the posterior interior margin of the medial meniscus. The following diagnoses were applied: status post right knee arthroscopy 03/23/2013; right wrist strain/sprain, carpal tunnel syndrome with tear of the triquetrum ligament status post right carpal tunnel release 08/07/2013; left wrist sprain/strain, rule out carpal tunnel syndrome; left knee post arthroscopic surgery 03/22/2014, and lumbar spine strain/sprain with multiple disc bulges at the levels of L4-5, L5-S1 per MRI 07/05/2014. The plan of care noted pending authorization for epidural lumbar spine injection and follow up visit. Current medications are: Voltaren gel, Prilosec, Norco 10/325mg, Ultram ER, Fexmid, Morphine Sulphate ER, and Ambien. The patient is to remain temporarily totally disabled for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.