

<b>Case Number:</b>	CM15-0120454		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/05/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 46 year old male, who sustained an industrial injury on December 5, 2006. He reported right knee and lower back pain. The injured worker was diagnosed as having chronic pain syndrome/complex regional pain syndrome, other chronic postoperative pain, and spinal cord stimulator implant in 2010. Diagnostic studies to date have included: On July 3, 2007, an MRI of the left knee revealed a mild degree of edema, which may be due to contusion of the medial femoral condyle without fracture or overlying cartilage defect. There was no ligamentous or meniscal injury. There was an approximate 15 mm non-aggressive appearing lesion, possibly a hemangioma, projecting anterior to the popliteal vessels without evidence of popliteal vessel involvement. On August 8, 2007, a bone scan revealed increased uptake in all three phases of the exam related to the knee may be due to reflex sympathetic dystrophy. Surgeries include a repair of torn meniscus in 2007 and spinal cord stimulator implant in 2010. Treatment to date has included physical therapy, a lumbar facet block in 2012, spinal cord stimulator trial and implant, epidural steroid injection, occipital nerve block, radiofrequency thermocoagulation rhizotomy (RFTC), sympathetic block, transcutaneous electrical nerve stimulation (TENS), a continuous passive motion device, ice, daily exercises/walking, and medications including opioid analgesic, topical analgesic, muscle relaxant, antidepressant, anti-epilepsy, anti-anxiety, and hypnotic (sleep). Comorbid diagnoses included history of migraine-induced stroke, stroke, patent foramen ovale (PFO), COPD, depression, fibromyalgia, and osteoarthritis. Other noted dates of injury documented in the medical record include: April 2006 and October 5, 2006. On May 18, 2015, the injured worker complained of increased left knee pain, which was described as aching, throbbing, and tightness. His knee pain was rated

7/10. He had been off all medication for the prior 3.5 weeks and his knee pain had increased. He reported that his pain level was 3-4/10 with his medications and he was able to sleep at night. He complained of unchanged low back pain, which was described as aching, spasm, and tightness. He stated he hadn't slept in weeks without his Ambien. He was not currently working. The physical exam revealed a depressed affect, lumbar and thoracic surgical scars, negative seated straight leg raise, a normal gait, and normal lumbar range of motion. The treating physician noted left leg weakness with 30% decreased stability. The treatment plan includes a refill of Ambien CR 12.5 mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien CR (controlled release) 12.5 mg Qty 30, take 1 by mouth every bedtime:** 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 - Zolpidem (Ambien); Mental Illness & Stress - 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 (Chronic) Chapter: Zolpidem (Ambien®) and Insomnia treatment.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Zolpidem (Ambien and Ambien CR) for short-term (7-10 days) treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. There is no significant clinical advantage with the use of Ambien CR versus regular Ambien. Ambien CR has been found in Longer-term studies to be effective for up to 24 weeks in adults. The injured worker has been taking Ambien CR since at least November 2014, which exceeds the guideline recommendation. Therefore, the request for Ambien CR is not medically necessary.