

<b>Case Number:</b>	CM15-0127544		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 32 year old female, who sustained an industrial injury on February 19, 2009, incurring left knee injuries after a slip and fall. She was diagnosed with an anterior cruciate ligament tear, left knee medial meniscus tear and left knee chondromalacia. She underwent two left knee arthroscopic surgeries. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, pain medications, sleep aides, topical analgesic patches. Currently the injured worker complained of lower backache and left knee pain. It was noted by the injured worker that range of motion of the knee was limited. She rated her pain a 10 on a pain scale of 1 to 10. She noted her activity level was decreased and difficulty sleeping. The treatment plan that was requested for authorization included a prescription for Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg, #20 with 2 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-TWC), Pain Procedure Summary: 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) ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.