

Case Number:	CM15-0166668		
Date Assigned:	09/23/2015	Date of Injury:	06/09/2010
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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: Physical Medicine & Rehabilitation

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 6-9-10. A review of the medical records indicates she is undergoing treatment for left knee chondromalacia, patella, left knee internal derangement, left knee contusion, and lateral subluxation of the patella in relation to the trochlear groove with bone cyst at the distal femoral metaphysis. Medical records (4-30-15 to 7-23-15) indicate ongoing complaints of left knee pain, rating it 8 out of 10. She also complains of frequent compensatory low back pain and infrequent compensatory left hip pain (4-30-15). The physical exam (7-23-15) reveals a "mildly antalgic" gait. Range of motion of the left knee was noted to be "0-120 degrees". "Painful patellofemoral crepitation" was noted. A positive McMurray's test was noted at the medial and lateral joint line. Mild swelling of the left knee was noted. Diagnostic studies have included an MRI of the left knee and a urine drug screen. Treatment has included physical therapy, a TENS unit, a left knee brace, and oral medications. Her medications include Hydrocodone 10mg twice daily, Cyclobenzaprine 7.5mg twice daily, Naproxen 550mg twice daily, Pantoprazole 20mg twice daily, and Ambien 10mg at bedtime. A request for left knee arthroscopy to include lateral release was made. The request is pending. The request for authorization (8-13-15) includes Ambien 10mg daily at bedtime, #30. The utilization review (8-19-15) indicates denial of the request, stating that there is "no documentation of sleep disturbance or insomnia complaints that would support the use of a hypnotic".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #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 Chapter, Zolpidem Section.

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 under Zolpidem (Ambien).

Decision rationale: Based on the 7/23/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8/10, and compensatory low back pain with instability. The treater has asked for AMBIEN 10 MG #30 on 7/23/15. The patient's diagnosis per request for authorization dated 8/13/15 is left knee chondromalacia patella. The patient currently takes Hydrocodone with no side effects, as well as Cyclobenzaprine, Naproxen, Pantoprazole, Ambien per 7/23/15 report. The patient is currently using a TENS unit, left knee brace, and is in physical therapy per 7/23/15 report. The patient's left knee condition is worsening, but the brace is providing stability per 5/28/15 report. The patient is mildly analgesic and has left knee swelling per 4/3/15 report. The patient's work status is temporarily partially disabled, and can sit/stand at will per 7/23/15 report. ODG guidelines, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" The treater does not discuss this request in the reports provided. The patient does not have a history of using Zolpidem per review of reports; this appears to be an initiating request. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for quantity 30 does not indicate intended short-term use, and exceeds ODG indications. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.