

Case Number:	CM15-0170715		
Date Assigned:	09/11/2015	Date of Injury:	01/19/2011
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, California

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 male who sustained an industrial injury on 1-19-11. The patient sustained the injury due to MVA. Diagnoses include medial meniscus tear of the left knee, status post arthroscopic meniscectomy and debridement left knee (4-28-15); prior open reduction internal fixation of left knee patellar fracture with subsequent hardware removal and ongoing symptomatic chondromalacia. Per the 5-6-15 psychiatric note the injured worker has reduced anxiety, depression, and insomnia. His knee pain is diminished and the physical exam of the left knee revealed moderate quadriceps atrophy and weakness. Treatments to date include left knee surgery; medications: ibuprofen. In the progress note dated 2-11-15 and 5-6-15 the treating provider's plan of care included a request for Ambien 10mg as needed #30 with 2 refills for insomnia. On 8-26-15 utilization review evaluated and non-certified the request for Ambien 10 mg #30 with 2 refills based on the injured worker reporting reduced anxiety, depression and insomnia with no new symptoms or side effects. The patient has had no crying episodes and suicidal ideation, no hallucination. Mental status examination revealed patient was cooperative, reliable, less tense, and dysphoric mood, no panic attacks or obsessive rituals, less anxious mood, no psychotic symptoms and well-oriented and normal judgment. The medication list includes Metoprolol, Zolpidem, Digoxin, Levothyroxine and Warfarin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 30 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: Mental Illness & Stress - Insomnia treatment, Pharmacologic treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/05/15), Zolpidem is a short-acting non-benzodiazepine hypnotic.

Decision rationale: Request: Ambien 10 mg Qty 30 with 2 refills. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." This request is for 30 tablets of Ambien with 2 refills which is for a total of 3 months or about 12 weeks. Mental status examination revealed patient was cooperative and reliable, less tense and dysphoric mood, no panic attacks or obsessive rituals, less anxious mood, no psychotic symptoms and well oriented and normal judgment. A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A recent detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for prescription of Ambien 10mg #30 with 2 refills is not fully established for this patient, given the records provided and the guidelines cited. When discontinuing this medication, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms. The request is not medically necessary.