

<b>Case Number:</b>	CM15-0175724		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 40 year old woman sustained an industrial injury on 11-14-2001. The mechanism of injury is not detailed. Diagnoses include complex regional pain syndrome in the left leg. Treatment has included oral medications, surgical intervention, and use of a walker. Physician notes dated 7-20-2015 show complaints of unchanged left leg pain, knee pain, hip pain, back pain, and increased neck and abdominal pain since she was hospitalized. The worker rates her pain 10 out of 10 without medications and 7 out of 10 on average with medications. The physical examination shows no acute distress, right knee range of motion symmetric and without decrease, and the left knee shows a decrease in flexion due to posterior calf impingement and asymmetrical contractures and is only about only about 5-10 degrees. Recommendations include MS Contin, Percocet, Celebrex, Cymbalta, docusate Sodium, Doxepin, Ranitidine, Senna, Ambien, Clonazepam, Lyrica, Seroquel, internal medicine consultation, Ketamine infusion and surgical intervention, possible intrathecal pain pump in the future if Ketamine fails, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #60 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), Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 10/09/15), Zolpidem (Ambien®).

**Decision rationale:** MTUS is silent concerning zolpidem. ODG recommends zolpidem for short-term (7-10 days) use only, and does not recommend chronic use of this medication. ODG cites an FDA recommendation for dosage reduction to 5 mg of zolpidem in women due to risk of side effects. Records document long-term use of zolpidem 20 mg at bedtime, without documentation of claimant's sleep pattern or response to this medication. Based upon the available documentation and evidence-based recommendations, the request for zolpidem is not medically necessary.