

Case Number:	CM15-0027013		
Date Assigned:	02/19/2015	Date of Injury:	10/08/1993
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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: Internal 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 66 year old female, who sustained an industrial injury on 10/8/93. She has reported bilateral knee injuries. The diagnoses have included status post re-implantation total knee arthroplasty and chronically infected left Total knee arthroplasty. Treatment to date has included physical therapy, dressing compression, medications, surgery and durable medical equipment. Currently, the injured worker complains of left knee pain status post replacement. She is doing well and taking Percocet for pain. She ambulates without an assistive device. She has been cut off of physical therapy and wishes to go back as it feels better when she goes. Physical exam revealed left knee incision looks fine, no swelling, no effusion or warmth, shin edema is mild. The range of motion 0 (2 degree lag) to 80 and ambulation was smooth. The current medications were not listed. The physical therapy sessions were noted. The x-ray dated 7/15/14 of the knee revealed knee replacement with excellent appearing interfaces. The tibial and femoral components were neural alignment and the patella was tracking centrally relative to the trochlear groove. On 1/27/15 Utilization Review non-certified a request for Ambien CR 12.5mg quantity 30 with 4 refills, noting that there was no documentation concerning sleep improvement derived from medication use and long term use was not recommended. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg quantity 30 with 4 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, Insomnia 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 (Chronic) Zolpidem (Ambien).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The request was for Ambien CR 12.5 mg #30 with 4 refills, which is equivalent to 120 tablets and a 5 month supply of Ambien. ODG guidelines indicates that Ambien (Zolpidem) should be used for only a short period of time. The request for Ambien CR 12.5 mg #30 with 4 refills would enable long-term use and is not supported by ODG guidelines. Therefore, the request for Ambien CR 12.5 mg #30 with 4 refills is not medically necessary.