

Case Number:	CM15-0064212		
Date Assigned:	04/10/2015	Date of Injury:	07/30/2012
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 7/30/2012. Her diagnoses, and/or impressions, include: lumbar strain, rule-out disc herniation; lumbosacral degenerative disc disease; low back pain; status-post right knee arthroscopy (7/18/13) with residuals; sleep disorder; and multiple non-orthopedic complaints. No current magnetic resonance imaging studies are noted. Her treatments have included physical therapy; psychiatric evaluation and treatment; internal medicine evaluation and treatment; modified work duties; and medication management. The progress notes of 2/27/2015, note complaints of persistent but improving, intermittent mild-moderate lumbar spine and right knee pain, improved on medication; and that she takes an anti-anxiety medication as well as Ambien to help her sleep. The physician's requests for treatments included Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 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 Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for right knee and back pain. Ambien is being prescribed on a long-term basis. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, continued prescribing of Ambien was not medically necessary.