

<b>Case Number:</b>	CM15-0067327		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/25/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: North Carolina  
 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 a 49 year old male, who sustained an industrial injury on 10/25/2014. He reported injuring his left knee. Diagnoses have included internal derangement of the left knee and post-traumatic lateral epicondylitis right elbow. Treatment to date has included magnetic resonance imaging (MRI), left knee arthroscopic surgery, physical therapy and medication. According to the progress report dated 1/7/2015, the injured worker complained of constant pain in his left knee with popping and grinding. There was limited range of motion of his left knee. He ambulated with a limp on the left. There was tenderness along the medial joint line and 1+ effusion of the left knee. McMurray's test was positive on the left. The treatment plan was for left knee surgery. Authorization was requested for Duexis and Zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6mg, #90:** 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), NSAIDs, GI Symptoms & cardiovascular risk, Proton pump inhibitors (PPI's).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, duexis.

**Decision rationale:** The California MTUS and the ACOEM do not address the requested medication specifically. The ODG does not recommend this combination NSAID/H2 blocker as a first line medication choice. There is no indication for this medication over a traditional NSAID in the provided clinical documentation and therefore the request is not medically necessary.

**Zolpidem 100mg #14:** 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), Ambien (Zolpidem) and on the Non-MTUS Physician's Desk Reference, Ambien (zolpidem tartrate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.