

Case Number:	CM15-0076281		
Date Assigned:	04/27/2015	Date of Injury:	07/22/2003
Decision Date:	06/11/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency 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 72 year old male, who sustained an industrial injury on 7/22/2003. The current diagnoses are persistent left knee pain, status post left knee replacement (2004), chronic right knee pain, and insomnia secondary to pain. According to the progress report dated 3/31/2015, the injured worker complains of ongoing bilateral knee pain. The average pain is rated 8/10, getting as high as 10/10, and coming down to 7/10 with medications. The current medications are Norco, Colace, Prilosec, and Ambien. Treatment to date has included medication management, X-rays, MRI studies, bone scan, and surgical intervention. The plan of care includes prescription for Norco, Ambien, Prilosec, and Colace, left knee replacement surgery, post-op home health RN, 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:

1 prescription of Ambien 5mg #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 (ODG), Ambien (Zolpidem).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested 1 prescription of Ambien 5mg #30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has ongoing bilateral knee pain. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, 1 prescription of Ambien 5mg #30 is not medically necessary.