

Case Number:	CM15-0078099		
Date Assigned:	04/29/2015	Date of Injury:	05/03/2002
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, California

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 52-year-old male, who sustained an industrial injury on 5/03/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having right knee osteoarthritis. Treatment to date has included diagnostics, surgical intervention (right knee arthroscopy 6/2014), physical therapy, and medications. Currently (3/19/2015), the injured worker was documented as doing fair with regard to his right knee, but reported right wrist pain secondary to using crutches. His sleep pattern was not described. The treatment plan included a request for Norco and Ambien (to alleviate pain and discomfort), and urine toxicology. The documentation supports Ambien as being used for several months, and was noted to test positive for Zolpidem, per urine drug screen (5/20/2013). The medication list include Norco. A detailed recent psychological examination was not specified in the records provided. Any evidence of psychological problems including anxiety and depression was not specified in the records provided. A detailed history of anxiety or insomnia was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14) Zolpidem.

Decision rationale: Request: Ambien 10 MG #60. Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 13 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10 MG #60 is not fully established in this patient. Therefore is not medically necessary.