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| Case Number: | CM14-0103239 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/20/2011 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 06/14/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old male with a 6/20/11 date of injury, when he sustained injury to his right elbow due to a repetitive work. The progress note dated 3/19/14 indicated that the patient was given prescriptions for Ambien 10 mg and Xolido cream. The patient was seen on 5/28/14 with complaints of right knee pain, lateral right dominant elbow pain, low back and leg pain. The patient had constant burning and stiffness in both knees and legs. Exam findings of the left knee revealed crepitus, limited flexion and positive patellofemoral compression sign. The examination of the bilateral shoulders revealed pain, positive Neer and Hawkins signs and tenderness in the subacromial space. The patient received approval for the elbow and knee surgery. The prescription for Ambien 10mg and Xolido cream was dispensed. The diagnosis is right elbow tear, impingement syndrome in the shoulder, right medial meniscus tear. Treatment to date: medications. An adverse determination was received on 6/14/14 given that there was no clear detail provided in the available documentation as to why the Ambien prescription was given and whether this was to be taken for the short or long term. In addition it was not clear as to why the patient could not use an over-the-counter sleeping agent as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, AmbienFDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The progress notes stated that the patient was using Ambien at least from 3/19/14, however it is not clear if the patient was using the medication every night. There is a lack of documentation indication improvement in the patient's sleep with Ambien and there is no information regarding the patient's sleep hygiene. In addition, there is no rationale with regards to the Ambien use and it is not clear if the patient tried and failed over the counter sleeping agents. Therefore, the request for Ambien 10mg #30 was not medically necessary.