

<b>Case Number:</b>	CM13-0016496		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in California. 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 physician 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:

The patient is a 52-year-old male who reported a work related injury on 3/28/12, as the result of strain to the left knee. Subsequently, the patient is status post left knee arthroscopy as of 6/12/12, and total left knee arthroplasty as of 5/29/13. The clinical note dated 7/25/13 reports that the patient was seen under the care of [REDACTED]. The provider reports that the patient is doing well after a left total knee arthroplasty. The provider documents that pain is improving. The patient is able to ambulate, but still utilizes a cane for support. He denies having any problems with completing activities of daily living. The provider documented that range of motion of the knee was from 5 degrees to 90 degrees; negative instability, sensation and pulses were intact; compartments were soft and the patient ambulates with a normal gait. X-ray of the left knee revealed a stable total knee arthroplasty with no loosening, migration, or substance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**Decision rationale:** Review of the clinical documents indicates the patient has been recommended to wean usage of this medication upon submission of numerous requests for continued refills. The clinical documentation provided lacks evidence to support the long-term necessity of this medication. The California MTUS Guidelines state that Norco "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given that the provider failed to document the patient's average rate of pain or efficacy with his current medication regimen as far as treating his pain complaints, the request is neither medically necessary nor appropriate.

**one prescription of Ambien 10 mg #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 for Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address this medication; however, the Official Disability Guidelines indicate, "zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short-term, usually 2 to 6 weeks treatment of insomnia." The clinical notes do not indicate how long the patient has been utilizing this medication, nor do they address any specific complaints of poor sleep patterns. Given all of the above, the clinical documentation submitted for review lacks evidence to support the patient's continued long-term utilization of Ambien. .

**twelve physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** The clinical notes document that the patient is postoperative to total knee arthroplasty as of 5/29/13. Subsequent to this procedure, the patient utilized home health physical therapy; however, documentation of specific duration, frequency, and efficacy of postoperative physical therapy was not evidenced in the clinical notes reviewed. The California MTUS indicates, "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Given all of the above, the request is not medically necessary or appropriate.

