

Case Number:	CM13-0030943		
Date Assigned:	12/04/2013	Date of Injury:	02/16/2011
Decision Date:	01/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/02/2013

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 Pain Medicine, and is licensed to practice in Florida. 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 54 year old male who reported a work-related injury on 2/16/11; the mechanism of injury was not provided. He subsequently injured his left knee and underwent a left knee arthroscopic surgery with lateral meniscal repair and trochlear chondroplasty on 3/7/11. The patient received post-operative physical therapy for a duration of 4-5 weeks, and was released to work with some restrictions. He continued to work, but experienced on-going pain and swelling to the knee, and frequently was sent home. He has received several additional courses of physical therapy, acupuncture, and medications, and uses a TENS unit to help manage his pain. He also received epidural injections with benefit of two months. The patient has remained in a depressive mood that has worsened with time since the injury. Although he is permitted to work with restrictions, he is currently not employed at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-34.

Decision rationale: The California MTUS guidelines recommend functional restorative programs if certain criteria are met. These criteria include: a thorough assessment that includes baseline functional testing; documentation of previously failed methods of treating chronic pain with an absence of other options likely to result in significant improvement; the presence of a significant loss of ability to function independently; not being a surgical candidate; exhibiting motivation to change and being willing to forgo secondary gains, including financial; and addressing the negative predictors of success. Negative predictors of success include: a negative relationship with the employer; poor work adjustment and satisfaction; a negative outlook regarding future employment; high levels of psychosocial distress (depression, pain, disability); involvement in financial disputes; smoking; duration of pre-referral disability; prevalence of opioid use; and pre-treatment levels of pain. Guidelines also recommend that treatment is initiated for two weeks and only continued if objective documentation of improvement is provided. A physical examination done on 7/29/13 stated that the patient reports a constant pain level of 5-6/10, even at rest. He does report that medication, epidural injections, and using a TENS unit decreases the pain. He also reports being independent with self-care and all household activities that do not involve heavy lifting. There are no pain scores on the most recent clinical notes from September and October of 2013. It is unclear what medications are being used in the management of the patient's pain, as none were included in the most recent clinical notes. The patient is also noted to have a new meniscal tear that could be causing some of his pain, and surgery is a consideration. There is no mention in the clinical notes of the patient's motivation to participate in a functional restorative program, and he has a significant worsening depression, which is a negative indicator. Other negative predictors include poor work adjustment, and duration since initial injury. As such, the request for a functional restoration program is non-certified.

Ambien 10mg, #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

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

Decision rationale: The California MTUS and ACOEM guidelines did not address the use of Ambien, therefore, the Official Disability Guidelines (ODG) were consulted. The ODG states that Ambien is to be used for only a short period of time, as it can be habit forming and can impair function. It is also noted that Ambien can increase pain and depression with long-term use. Guidelines also recommend that cognitive behavioral therapy be initiated for individuals suffering from insomnia. The medical records provided for review included a psychological evaluation dated 5/6/13, but it is unclear if treatment has continued. There is no information provided in the clinical notes indicating how long the patient has been on this medication or its efficacy. As such, the request is non-certified.

