

Case Number:	CM13-0038215		
Date Assigned:	03/12/2014	Date of Injury:	11/18/1996
Decision Date:	06/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation 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 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:

The patient is a 53-year-old male who reported an injury on 11/18/1996. The mechanism of injury was not provided for review. The patient's treatment history included surgical intervention, physical therapy, acupuncture, and multiple medications. Patient was evaluated on 09/17/2013. It was documented that the patient had continued pain complaints of the bilateral ankles and right knee rated at a 4/10 to 8/10. Physical findings included normal range of motion of the bilateral ankles with normal range of motion of the bilateral knees. The patient's diagnoses included osteoarthritis of the bilateral knees and ankles. The patient's treatment plan included medications to include Norco, Ambien, Naproxen, FexMid, and Synovacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Chapter.

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, Insomnia Treatments

Decision rationale: California Medical Treatment Utilization Schedule does not specifically address this medication. Official Disability Guidelines recommend Ambien for short courses of treatment to assist with insomnia related to chronic pain. The clinical documentation does not provide any treatment history regarding the patient's use of Ambien. Additionally, there was not an adequate assessment of the patient's sleep hygiene to support the need for this medication. There is no documentation that the patient has failed to respond to nonpharmacological interventions and requires pharmacological interventions for insomnia treatment. Also, the request as it is submitted does not define a frequency, dosage, or duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Ambien is not medically necessary or appropriate.

FEXMID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FEXMID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested FexMid is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends short durations of treatment not to exceed 2 to 3 weeks to assist with management of moderate to severe pain caused by acute exacerbations of an injury. The clinical documentation submitted for review does indicate that the patient has been on this medication previously. However, the request as it is submitted does not specifically identify a dosage, frequency, or duration of treatment. There is no documentation of an acute exacerbation of the patient's injury. Therefore, the need for this medication cannot be determined. The appropriateness of the request itself is unidentifiable. As such, the requested FexMid is not medically necessary or appropriate.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation fails to provide any evidence of pain relief, functional benefit, managed side effects, or evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the patient has been on this medication for an extended duration of time. However, continued use is not supported. Additionally, the request as it is submitted does not include a dosage, frequency, or duration of treatment. Therefore, the

appropriateness of the request as it is submitted is not identifiable. As such, the requested Norco is not medically necessary or appropriate.

SYNOVACIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The requested Synovacin is not medically necessary or appropriate. The requested medication contains glucosamine. California Medical Treatment Utilization Schedule does support the use of this type of medication for osteoarthritis related pain. The clinical documentation does indicate that the patient's pain is related to osteoarthritis of the bilateral ankles and knees. However, the request as it is submitted does not clearly identify a duration, dosage, or frequency of treatment. Therefore, the appropriateness of the request as it is submitted cannot be identified. As such, the requested Synovacin is not medically necessary or appropriate.