

Case Number:	CM13-0046812		
Date Assigned:	12/27/2013	Date of Injury:	09/19/2011
Decision Date:	05/22/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty 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 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 injured worker is a 58-year-old who reported an injury on September 9, 2011. The mechanism of injury was not stated. Current diagnoses include depressive disorder, bursitis of the knee, and medial meniscal tear. The injured worker was evaluated on November 5, 2013. Physical examination revealed an antalgic gait with tenderness to palpation of the left knee. Treatment recommendations included continuation of Norco and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since at least May of 2013. There is no documentation of objective functional improvement as a result of the

ongoing use of this medication. There is also no frequency listed in the current request. The request for Norco 10/325mg, sixty count (dispensed on october 8, 2013), is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR ZOLIPIDEM 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

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

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset for seven to ten days. There is no documentation of chronic insomnia or sleep disturbance. There is also no frequency listed in the current request. The request for Zolpidem 10 mg, thirty count (dispensed on october 8, 2013), is not medically necessary or appropriate.