

<b>Case Number:</b>	CM13-0050254		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, has a subspecialty in Interventional Spine 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 55-year-old female with a date of injury of 06/24/2008. The listed diagnoses per [REDACTED] dated 10/10/2013 are: 1. Impingement syndrome. 2. Chondromalacia patella. According to report dated 10/10/2013, the patient continues to experience bilateral knee pain which is worse with damp and cold weather. The patient notes it is difficult doing exercises because of the pain in both knee joints. Examination findings reveal bilateral slight medial subpatella noted tenderness with minimal to slight joint effusion bilaterally at both knees. There is patellofemoral crepitation both palpable in the right knee. It was noted the patient had considerable tenderness over the left greater occipital nerve with slight tenderness over the left cervical paraspinal muscles. Patient also demonstrated considerable tenderness over the lateral epicondyle of the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

**Decision rationale:** This patient presents with bilateral knee pain. The treater is requesting ibuprofen 800 mg #60. Utilization review dated 11/04/2013 denied request stating this medication is "recommended for only short-term use." The Chronic Pain Medical Treatment Guidelines page 61 recommends nonprescription medications like acetaminophen for low back pain (chronic); however, there should be caution about daily doses of acetaminophen and liver disease or in combination with other NSAIDs(non-steroidal anti-inflammatory drugs). Although Ibuprofen may be the preferred medication for chronic back pain, review of the reports dated 01/10/2013 to 10/10/2013 has no discussions on the efficacy of this medication. Chronic Pain Medical Treatment Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The requested Ibuprofen 800mg is not medically necessary

**Zolpidem 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** This patient presents with continued bilateral knee pain. The treater is requesting Zolpidem 10 mg #60. The on Chronic Pain Medical Treatment Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The on Chronic Pain Medical Treatment Guidelines are very clear on long-term use of benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Zolpidem 10 mg #60 is not medically necessary.

**Alprazolam 0.25mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** This patient presents with continued bilateral knee pain. The treater is requesting Alprazolam 0.25 mg #60. The Chronic Pain Medical Treatment Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Chronic Pain Medical Treatment Guidelines are very clear on long-term use of benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Alprazolam 0.25 mg #60 is not medically necessary.

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Page(s): 88-89.

**Decision rationale:** This patient presents with continued bilateral knee pain. The treater is requesting Tramadol 50 mg #60. Utilization review dated 11/04/2013 modified certification from #60 to #30. For chronic opiate use Chronic Pain Medical Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's, analgesia, ADLs, adverse side effects, adverse behaviors are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes medication to work, duration of pain relief with medication, etc. Review of reports dated 01/10/2013 to 10/10/2013 does not provide any documentation of this medication's efficacy in terms of pain assessment and functional changes as required by the Chronic Pain Medical Guidelines. The request Tramadol is not medically necessary.