

Case Number:	CM14-0109161		
Date Assigned:	08/01/2014	Date of Injury:	07/02/2010
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 injured worker is a 65-year-old female who reported an injury on 07/02/2010 due to a fall. Prior treatment included medication, aquatic therapy, pain psychology, H-wave unit and a wheelchair. Prior surgical history included left total knee replacement in 2013 and a right total knee replacement in November 2013. The injured worker complained of pain to the low back and neck. On 06/30/2014, the injured worker complained of knee pain bilateral knee pain rated 7/10. Physical examination dated 06/30/2014 revealed the injured worker reported improvement with physical therapy. It was noted the injured worker complained of constipation but this was improved with medication. The provider's treatment plan was to continue home exercise program and continue medications. The Colace was recommended for constipation prevention, Zolpidem was recommended to improve the injured worker's sleep pattern and Norco was recommended for pain management. The request for authorization was not submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #60 with one refill.: 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 initiating therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines state that prophylactic treatment of constipation should be initiated with initiation of opioids. The clinical information provided for review indicated the injured worker's constipation was being managed with Colace. However, the associated opioid request for Norco has not been supported. Therefore, the necessity of the requested Colace to address constipation caused by the Norco has not been established. Also, the request as submitted failed to provide the frequency of the medication. As such, the request for Colace 100mg, #60 with one refill is not medically necessary.

Norco 10/325mg, #180 with one refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Criteria for Opioid Use page 76-77; On-going Management page 78:Opioid Hyperalgesic pages 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the documentation of pain relief functional status, appropriate medication use, and side effects. The guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. The provider failed to document a complete and adequate pain assessment. There is lack of documentation of the efficacy of the medication. Additionally the use of a urine drug screen was not provided. The frequency of the medication was not provided. As such, the request for Norco 10/325mg, #180 with one refill is not medically necessary.

Zolpidem 10mg, #30 with one refill.: Upheld

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

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

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The clinical information provided for review indicated the medication was being recommended to

improve the injured worker's sleep pattern. However, objective information regarding the injured worker's sleep pattern was not provided and the efficacy of this medication was not provided for review to support continuation. The request as submitted failed to provide the frequency of the medication. As such, the request for Zolpidem 10mg, #30 with one refill is not medically necessary.