

Case Number:	CM14-0011252		
Date Assigned:	02/21/2014	Date of Injury:	11/20/1998
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology and is licensed to practice in Maine, New Jersey, Connecticut, and Texas. 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 64 year old male who sustained an injury on 11/20/98 when he slipped and fell off a ladder landing on the feet. The injured worker has been followed for chronic left knee pain. Recent surgical procedures included excision of a retained Osgood Schlatter ossicle at the proximal tibial tubercle performed on 10/18/13. The injured worker had been followed for persistent pain in the left knee postoperatively with [REDACTED]. The clinical report from 12/31/13 noted persistent pain in the left knee. The injured worker indicated he was unable to function without medication. Medications at this evaluation included MS Contin 60mg twice daily as well as Dilaudid 4mg at 4 per day. The injured worker was also utilizing Flexeril for muscular spasms, Mobic for inflammation, and Ambien for insomnia. On physical examination, there was limited range of motion noted in the lumbar spine. Straight leg raise reproduced low back pain only. There were muscle spasms noted in the lumbar trunk. There was loss of range of motion in the left knee on extension at a 5 degree loss with flexion to 110 degrees. Patellar compression signs were painful and there was no evidence of instability. Follow-up with [REDACTED] on 01/29/14 noted a change in medications to include Dilaudid which was contributing to side effects. The injured worker was switched to Oxycodone IR 15mg at 4 per day. Other medications were continued. The injured worker was compliant with a home exercise program and reported 50% improvement with medication use. Physical examination remained unchanged. There was a discussion regarding weaning from narcotics. The injured worker was recommended to continue with Ambien and Flexeril. Ambien 10mg, quantity 30 and Flexeril 10mg, quantity 30 were denied by utilization review on 01/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG QHS INSOMNIA #30: Upheld

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

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, Zolpidem

Decision rationale: In regards to the use of Ambien 10mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien had been effective in improving the claimant's overall functional condition. As such, this reviewer would not have recommended certification for the request. The request is not medically necessary and appropriate.

FLEXERIL 10 MG QD PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 10mg quantity 30, this reivewer would not have recommended this medication as medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication. The request is not medically necessary and appropriate.