

<b>Case Number:</b>	CM14-0017237		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 63-year-old male who reported an injury on 02/17/2000. The mechanism of injury was not stated. Current diagnoses include right knee medial meniscus tear, right knee chondromalacia grade 1, and strain/rule out partial tear of the anterior cruciate ligament. The injured worker was evaluated on 01/02/2014. The injured worker reported moderate pain and weakness. Physical examination revealed 0 to 120 degree range of motion with 3/4 strength. Current medications include Norco, Oxycodone, Ambien, Xanax, Soma, and Neurontin. Treatment recommendations included continuation of current medication, continuation of a home exercise program, and a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 12.5MG, #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; Pain.

**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:** Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. There is no documentation of chronic insomnia or sleep disturbance. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**XANAX 1MG, #90:** 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.

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**SOMA 350MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66,124.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. There is no evidence of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**CONSULT REGARDING SI JOINT INJECTIONS AND/OR SURGICAL STABILIZATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Hip & Pelvis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 89-92.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of a significant abnormality with regard to bilateral SI joints. There is also no mention of an attempt at conservative treatment prior to the request for a specialty consultation. The medical necessity has not been established. Therefore, the request is not medically necessary.