

<b>Case Number:</b>	CM14-0118933		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Family Medicine and is licensed to practice in Texas and 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:

This is a 51 year old female patient who sustained a work related injury on 12/21/2009. The exact mechanism of injury was not specified in the records provided. The current diagnoses include degenerative disc disease of the lumbar spine, left knee chondromalacia of the patella, lumbosacral spondylosis and sciatica. Per the doctor's note dated 6/19/14, patient has complaints of burning pain in left knee, moderate to severe lower back pain with radiation of the pain down both of her legs with tingling. Physical examination revealed mildly left antalgic, range of motion of the lumbar spine restricted with flexion 45 degree, extension of 5 degree, rotation of 25 degree, and lateral bending of 10 degree, moderate to severe tenderness over the spinous processes, positive SLR at 60 degree, 5/5 strength, normal DTRs; range of motion of left knee -17 degree of extension to 114 of flexion and negative anterior and posterior drawer test. The current medication lists include Topamax, Norco, Motrin, Ambien, Flexeril, Lyrica, Wellbutrin, and Ambien. The patient has had x-ray of the pelvis on July 2011 that revealed slight irregularity of the right hip joint and underlying arthritis. The patient's surgical history includes left knee arthroscopy with a tricompartmental synovectomy and a chondroplasty of the patella on 8/3/12. The patient had received Synvisc injection for this injury. Other therapy done for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Motrin 800mg #90 belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Motrin for this injury. Per the doctor's note dated 6/19/14, patient has complaints of burning pain in left knee, moderate to severe lower back pain with radiation of the pain down both of her legs with tingling and physical examination revealed left antalgic, range of motion of the lumbar spine was restricted and there was moderate to severe tenderness over the spinous processes, positive SLR at 60 degrees. The patient has had x-ray of the pelvis on July 2011 that revealed slight irregularity of the right hip joint and underlying arthritis. The patient's surgical history includes left knee arthroscopy with a tricompartmental synovectomy and a chondroplasty of the patella on 8/3/12. The patient had received Synvisc injection for this injury. NSAIDS like Motrin are first line treatments to reduce pain. Motrin use is deemed medically appropriate and necessary in this patient.

**Norco 7.5/325mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of Opioids should not be employed until the patient has failed a trial of non-Opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of Opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of Opioid analgesic. A treatment failure with non-Opioid analgesics is not specified in the records provided. Other criteria for ongoing management of Opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to Opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing

management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using Opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of Opioids analgesic. The medical necessity of Norco 7.5/325mg #100 is not established for this patient.

**Ambien 10mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14) Zolpidem

**Decision rationale:** Zolpidem is a short-acting non Benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 5 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10mg #30 is not fully established in this patient.