

<b>Case Number:</b>	CM14-0122566		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, has a subspecialty in Pain Medicine, 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 41-year-old male with an original date of injury of May 4, 2012. The injured worker sustained an injury to the left leg when it was stuck in mud while descending a steep hill. The patient developed knee pain as he hyperextended his knee. The accepted body region is the left knee. The patient is currently on temporary total disability. The patient has had conservative treatment with pain medications including gabapentin, Norco, and activity restriction. The disputed issues our request for zolpidem and narco. The zolpidem was denied on the basis that it was being used chronically, and guidelines to not recommend chronic use. The Norco was denied because there was no mention of a pain contract or documentation of functional improvement. The utilization reviewer therefore recommended modification to the betterment of both these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Pain - Zolpidem (Ambien)

**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, Sleep Medication

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. This request was made with an associated note on date of service 7/7/2014. Prior to this, the patient was tested for Ambien in a urine drug screen on 5/5/2014. This indicates long term use than that recommended by guidelines. The currently requested zolpidem (Ambien) is not medically necessary.

**Norco 10mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - pain treatment agreement Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). Although there is appropriate screening of controlled substance misuse and diversion in a urine drug screen done on 5/5/2014, the lack of functional improvement in the submitted documents make the Norco not medically necessary.