

<b>Case Number:</b>	CM14-0130889		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/12/1994
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Occupational Medicine and is licensed to practice in New York. 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 claimant is a 52 yo male who sustained an industrial injury on 07/12/1994. The mechanism of injury was not provided for review. His diagnosis is chronic right knee pain. He complains of 4-5/10 knee pain which increases with all activities. On exam he walks with an antalgic gait and has swelling and decreased extension. There is tenderness in the medial and lateral joint line. He has been recommended to undergo a total knee replacement. Treatment has included medical therapy with MS Contin, Norco, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with MS Contin and Norco for breakthrough pain. Per California MTUS Guidelines, MS Contin is a long acting very potent analgesic . Short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain.

The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. He has osteoarthritis and opioids are not recommended as a first-line therapy for pain control for this condition. The patient has continued pain despite the use of long and short acting opioid medications. The guidelines recommend a slow weaning of opioids to avoid withdrawal symptoms. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. The requested treatment is not medically necessary.

**Ambien 10mg, #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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Zolpidem (Ambien) is a short-acting nonbenzodiazepine hypnotic indicated for the short-term treatment (two to six weeks) for managing insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Zolpidem may be habit forming. The documentation indicates the patient has used Zolpidem for greater than 6 weeks and this exceeds the recommendation of the guidelines. The medical necessity for Zolpidem has not been established. The requested treatment is not medically necessary.