

Case Number:	CM14-0146551		
Date Assigned:	09/12/2014	Date of Injury:	04/23/2013
Decision Date:	11/04/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with a date of injury of 9/2/14. The listed diagnoses per [REDACTED] are s/p arthroscopic partial meniscectomy of the right knee, impingement syndrome of right hip and left knee synovitis. According to progress report 08/05/2014, the patient presents with right hip and right knee pain. Examination revealed "antalgic gait." The patient's medication regimen included Fexmid 7.5 mg #90 and Ambien 10 mg #90. Report 06/17/2014 notes that the patient continues with severe knee and hip pain. The patient was instructed to continue medication. Utilization review denied the request on 09/02/2014. Treatment reports from 02/18/2014 through 06/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 PO, quantity: 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 (ODG) Pain (chronic) chapter; Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter; Insomnia treatment

Decision rationale: This patient presents with severe knee and right hip pain. The provider is requesting a refill of Ambien 10 mg #30. The MTUS and ACOEM Guidelines do not address Ambien. However, Official Disability Guidelines under its pain section states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Review of the medical file indicates the patient has been prescribed Ambien since 04/15/2014. In this case, the provider does not discuss sleep issues in this patient. Furthermore, Ambien is not indicated for long-term use. Therefore, this request is not medically necessary.

Fexmid 7.5mg 1 every 8 hours, quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 -64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: This patient presents with severe right knee and right hip pain. The provider is requesting Fexmid 7.5 mg 1 every 8 hours, quantity 90. The MTUS page 64 states that Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. Review of the medical file indicates that this is an initial request for Fexmid. In this case, the provider is requesting #90 and muscle relaxants are not recommended to be used longer than 2-3 weeks. Therefore, this request is not medically necessary.