MAXIMUS Federal Services

Case Number:	CM14-0039070		
Date Assigned:	06/27/2014	Date of Injury:	08/25/2001
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Practice 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:

63 yr. old male claimant sustained a work related injury on 1/7/98 involving the bilateral knees. He was diagnosed with right meniscal tear, left knee internal derangement and underwent knee arthroscopy, chondral debridement and left knee arthroplasty. A progress note on 2/11/14 indicated the claimant had continued bilateral knee pain and instability. Exam findings were notable for reduced range of motion of the right knee and tenderness over the medial aspect. The left knee had patellar grinding. The claimant was treated with Naproxen 500 mg BID, Tramadol 50 mg TID and Ambien 10 mg daily. A the visit, the physician noted that a prior urine drug screen in December 2013 was positive for Ambien (Zolpidem) but was not prescribed at the time. The claimant had been on Naproxen for over a year for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription f Naproxen 500mg #100, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Naproxen are recommended at the lowest dose possible for arthritis of the knees. There is no evidence for

long-term effectiveness for pain or function. The claimant had been on Naproxen for over a year along with Opioids. There is no documentation of tapering the dose, altering the medications to determine response. There was insignificant change in pain or function over time. The continued use of Naproxen is not medically necessary.

1 prescription of Ambien 10mg #30 with 3 refills: 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, Chronic.

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

Decision rationale: The ACEOM and MTUS guidelines do not comment on Insomnia medications. According to the ODG guidelines, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case the claimant had been on Ambien for at least 3 months. Prior use was found in a drug screen without evidence of a prescription provided. The sleep history and etiology are not specified. In addition, alternative causes were no investigated. The continued use of Ambien is not medically necessary.