

Case Number:	CM14-0047506		
Date Assigned:	07/07/2014	Date of Injury:	04/13/2006
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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 63 year old male with a date of injury on 4/13/2006. He has been treated for ongoing symptoms in the right knee. Subjective complaints are of pain in the right knee and trouble sleeping. The physical exam shows the right knee is hypersensitive with a slight decrease in range of motion. Medications include Flector patch, Vicodin, and Zolpidem. Office records indicate that the medications reduce pain by 60% and allow the patient to walk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3 % adhesive patch #30 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: MTUS Guidelines state that Diclofenac (Flector) gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, knee, foot, hand, and wrist). For this patient, topical Diclofenac has been utilized for the right knee and has documented effectiveness. Therefore, the continued use of Diclofenac gel is consistent with guideline recommendations, and is medically necessary.

Hydrocodone w/ Acetaminophen 7.5/325mg #60 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Chronic Pain Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activities of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation of risk assessment, and ongoing efficacy of medication is present. Therefore, the use of this medication is consistent with guidelines, and is medically necessary for this patient.

Zolpidem 10mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG suggests that Zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks, and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. Submitted documentation indicates the patient has been using this medication chronically. Therefore, continuation of this medication exceeds the recommended usage per guidelines, and is not a medical necessity.