

<b>Case Number:</b>	CM14-0055510		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 40 year old male who had a work related injury on 02/14/11. He was working as a mechanic, and he was placing an engine block into place, and as he pivoted his body while he lifted and moved it into place, he felt a sudden onset of pain in his left knee. He underwent a left knee arthroscopy on 05/22/11. Subsequently, he was found to have arthrofibrosis, left lower extremity Paresthesia, numbness, tingling, and complex regional pain syndrome. The injured worker had a trial of a spinal cord stimulator with successful results. The injured worker has had psychological counseling, biofeedback, and cognitive behavioral therapy. The most recent document submitted for review is dated 01/13/14. He was in the office for a follow up of his left knee pain. Physical examination findings of the left lower extremity show he uses crutches for ambulation, 3+ effusion about his entire left lower extremity from the midtibia distally and he has well healed arthroscopic portals about the knee, discoloration of the left ankle, which is showing signs of skin breakdown due to increased fluid accumulation in the left lower extremity, pulses are nonpalpable and his skin is warm; right knee showed medial joint line tenderness, positive McMurray's, range of motion of 0 to 120 degrees, and tenderness to palpation along the medial joint line. Diagnoses injury to left knee, left knee arthroscopy with subsequent arthrofibrosis of the left lower extremity with complex regional pain syndrome, and medial meniscal tear of the right knee. Thoracic spine MRI revealed degenerative disc disease with disc protrusions at T3 through T10. There was a Spinal Cord Stimulator placement on 09/13/13. In reviewing the medical documentation submitted, pain scale was anywhere from five to a six, there is no documentation of visual analog scale (VAS) scores with and without medication. There is no documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg, QTY: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Zolpidem (Ambien®).

**Decision rationale:** The current evidence based guidelines do not support the request for continued use of Ambien. Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. Prior utilization review on 04/07/14 for Ambien was recommended by modification for initiating tapering based guidelines do not support the request for continued use of Ambien. As such, Ambien 10 mg, QTY: 30 is not medically necessary.

**Lidocaine 5% Patch, QTY: 60: Upheld**

**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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesics.

**Decision rationale:** The current evidence based guidelines do not support the request for Lidocaine patch. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily it is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, Lidocaine 5% Patch, QTY: 60 is not medically necessary.

**Hydrocodone/Acetaminophen 10/325 mg, QTY: 90: Upheld**

**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 Opioid's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

**Decision rationale:** The current evidence based guidelines do not support the request. Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and

functional improvement obtained with the continued use of Opioids. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician for narcotic medications. Therefore Hydrocodone/Acetaminophen 10/325 mg, QTY: 90 is not medically necessary.

**Oxymorphone HCL 20 mg, QTY: 60: Upheld**

**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 Oral morphine Page(s): 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Oxymorphone (Opana®).

**Decision rationale:** The current evidence based guidelines do not support the request. Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of opioids. However, these medications cannot be abruptly discontinued due to withdrawal symptoms; and medications should only be changed by the prescribing physician for narcotic medications. Therefore Oxymorphone HCL 20 mg, QTY: 60 is not medically necessary.