

Case Number:	CM14-0058418		
Date Assigned:	08/06/2014	Date of Injury:	08/30/2013
Decision Date:	09/10/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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 67 year old female who had a work related injury on 08/30/13. The mechanism of injury is not documented. The most recent clinical record submitted for review is dated 04/18/14 for a follow up. The injured worker continues to complain of left knee pain. The injured worker walks a quarter of a mile for exercise every other day and also does home exercises. She has received intra-articular injections, physical therapy and is taking over the counter Advil for pain as needed. The injured worker complains of left knee discomfort with constant 9/10 level of pain. It increases to 10/10 with walking farther than a block and has pain with prolonged standing with occasional cramping in her left knee. At rest, massage and Aleve reduce the pain to a 7/10 level. The injured worker has difficulty walking, standing and vacuuming and has her grandchildren vacuum and take out the trash. The injured worker takes showers now due to inability to get in and out of a bathtub. She is able to walk and stand for about 6 hours before the pain increases and denies any right knee pain for at least 4 months now. Current medications include metformin, over the counter aspirin and Advil. On physical examination she ambulates with a marked limp, has some difficulty standing up from a sitting position with her knee feeling stiff and ambulates slowly, limping on the left. Supine exam demonstrates right knee range of motion 0-135 degrees and left knee range of motion 0-120 degrees. There is mild to moderate effusion on the left, none on the right. No erythema or warmth. Palpation demonstrates no tenderness about the right knee. On the left knee there is patellofemoral and medial joint line tenderness. No lateral joint line tenderness. McMurray on the right is negative and on the left causes pain and spasm. Varus-valgus is stable. There is negative Lachman's bilaterally. She is able to kneel partially holding onto furniture, but cannot squat more than about 20-30 degrees due to left knee pain. X-rays of the right knee performed in the office on 09/17/13 show no fracture or subluxation. On lateral view there is a 1 mm superior

patellar osteophyte. Merchant view demonstrates a central tracking patella. X-rays of the left knee performed in the office on 09/17/13 revealed joint space appears symmetric and within normal limits. No medial or lateral osteophytes. On lateral view, there is a 1mm superior patellar osteophyte. Merchant view demonstrates a central tracking patella. Diagnosis is left knee osteoarthritis, right knee history of pain with minimal symptoms. The injured worker previously has undergone conservative treatment for the left knee including steroid injections, Synvisc injections and physical therapy. In the future, she may require total knee replacement. Prior utilization review on 04/18/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- 18th Edition- Pain.

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg cannot be recommended as medically necessary.