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| <b>Case Number:</b>   | CM14-0093009 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 10/21/1998 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 05/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2014 |

### 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 & Rehabilitation, 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 46-year-old male who injured his left knee on 10/21/98. No specific mechanism of injury is noted. The patient has been treated with medications and physical therapy without much benefit. He also had multiple surgeries which have worsened his condition. Pain is 8/10 and is described as aching, throbbing, shooting, stabbing, sharp, burning, and sometimes numbness and tingling. He has bilateral knee pain, left greater than right. Medications have included Xanax, Lyrica, Zoloft, MSIR, Norco, and Ambien without much benefit. Knee exam reveals crepitus with range of motion with mild laxity in the AP direction. He is exquisitely tender with anterior and posterior Drawer maneuver. Range of motion is full; however there is end range pain on flexion. He has pain at about 120 degrees and is absolutely limited at 130 degrees. Diagnoses: Neuropathic pain of left knee due to peripheral nerve damage from orthopedic injury and status post arthroscopic surgery with status post tibial elevation procedure with residual causalgia and reflex sympathetic dystrophy syndrome. He has neuropathic pain, allodynia, hyperpathia associated with the nerve damage in the anterior knees and leg, Post-traumatic arthritis of patellofemoral and tibial left knee. UR requests denied for Ambien 10 mg. Xanax 1 mg. and Norco 10/325 is denied due to the lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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, Pain Chapter: Ambien; FDA (Ambien) - <http://www.drugs.com/pro/ambien.html>.

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

**Decision rationale:** CA MTUS guidelines do not address the issue in dispute and ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. There is no documentation of any significant improvement in sleep and function with prior sleep. Thus, the request is not medically necessary.

**Xanax 1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** Per ODG guidelines, Benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. In this case, there is no documentation of any significant improvement in pain or function with prior use. The medical records do not reveal a clinical rationale that establishes Xanax is appropriate and medically necessary for this patient. Therefore the request is not medically necessary.

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74.

**Decision rationale:** Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, which is often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacological means of pain management. There is no documentation of any significant improvement in pain level or function with prior use. The medical documents do not support continuation of opioid pain management. Therefore the request for hydrocodone is not medically necessary.