

Case Number:	CM13-0030145		
Date Assigned:	12/11/2014	Date of Injury:	09/23/2010
Decision Date:	01/15/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61-year old female with an injury date of 09/23/10. Based on the 08/30/13 progress report, the patient complains of left knee pain with popping, clicking and giving away. The patient also complains of ongoing left elbow pain made worse with lifting, carrying and torqueing. Examination of the left knee reveals tenderness to palpation over the medial and lateral joint lines and peripatellar region. There is crepitus and McMurray's test elicits pain. The range of the left knee is measured as flexion at 110 degrees and extension at 0 degrees. Examination of the left elbow reveals tenderness to palpation over the lateral epicondyle. Cozen's test is positive. The range of motion of the left elbow is measured as flexion at 130 degrees and extension is at 0 degrees. Her diagnose include following: 1. Status post left knee arthroscopy, 05/16/11, with residual patellofemoral arthralgia and tricompartmental osteoarthritis, per x-rays dated 07/28/11. 2. Right knee patellofemoral arthralgia with tricompartmental osteoarthritis and tear of the posterior horn of the medial meniscus, per MRI scan dated 09/21/12. 3. Post left elbow/forearm contusion; medial and lateral epicondylitis with tear in the common extensor tendon, per MRI scan dated 05/13/13. 4. Lumbar spine musculoligamentous sprain/strain secondary to altered gait from the work-related injury. 5. Venous insufficient of the bilateral lower extremities, left side greater than right, per Doppler ultrasound. The current medications are Norco, Fexmid, Celebrex, Voltaren gel, Remeron, and Prevacid. The patient reports that Remeron and Prevacid are not helpful. The physician plans to discontinue Remeron and Prevacid per 08/30/13 report. The patient is temporarily disabled status and not working. The treating physician is requesting for Norco 10/325mg #120 and Ambien 10mg #30 per 08/30/13 report. The utilization review determination being challenged is dated 09/20/13. The treating physician provided treatment reports from 03/11/13-09/06/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88, 89, 78, 60-61.

Decision rationale: This patient presents with left knee and left elbow pain. The request is for Norco 10/325mg #120 for chronic pain syndrome. Review of reports shows that the patient has been taking this medication as early as 04/02/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A review of the reports provided show no discussion or documentation of pain assessment or outcome measures as required. No specific ADL's are provided and no functional improvement and analgesia are documented using numeric scales. The four A's are not addressed and on-going opiates would not be supported per MTUS. The request is not medically necessary.

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 (ODG), Ambien (Zolpidem)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: This patient presents with left knee and left elbow pain. The request is for Ambien 10mg #30 for sleep difficulty. Per 08/30/13 report, the patient reports that Remeron which she has been taken as early as 04/02/13 does not help her sleep and Ambien worked better. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia but the physician is requesting 10mg #30, for a 30 day supply. ODG Guidelines does not recommend long-term use of this medication, and the request is not medically necessary.

