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| Case Number: | CM14-0136654 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 12/16/1994 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Orthopedic Surgery and is licensed to practice in Florida, Maryland, Pennsylvania, Tennessee, West Virginia. 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 64-year-old female who reported an injury on 12/16/1994. The mechanism of injury was not provided within the submitted documentation. Her relevant diagnoses include chronic pain syndrome and status post right knee arthroplasty. Her past treatments included physical therapy and medications. Her diagnostic studies included x-rays of the right knee performed on 08/11/2014 which showed status post right total knee arthroplasty with the prosthesis in good alignment and position, with no evidence of hardware failure. Her surgical history includes a right total knee arthroplasty performed on 04/23/2014. On 08/11/2014, the injured worker presented for a right knee followup. The patient reported that she was continuing to perform her home exercise program. Upon physical examination of the right knee, range of motion revealed extension at 0 degrees and flexion to 110 degrees. The knee was stable to varus/valgus stress. There was no evidence of instability. The injured worker was able to ambulate with no antalgic gait and with a steady gait. It was further noted that she was neurovascularly intact, and was able to dorsiflex/plantar flex with good strength, and had a negative Homan's sign. Her current medications were not included in the submitted documentation. The treatment plan included for her to continue with her current course of home exercise program, to continue activities as tolerated, a followup in 3 to 4 months, and x-rays to be obtained for followup. A rationale for the request was not provided. A Request for Authorization Form signed 06/08/2014 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20 mg Qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Page(s): 26-27.

Decision rationale: The injured worker has chronic pain syndrome. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with the use of Butrans. There was also no evidence of functional improvement or lack of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. In the absence of documentation showing details regarding the injured worker's medications, including her use of Butrans, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. Moreover, the request as submitted did not specify a frequency of use. As such, the request for 1 prescription of Butrans 20 mg qty: 4 is not medically necessary.

Ambien CR 12.5 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), Pain / Zolpidem (Ambien).

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

Decision rationale: The injured worker has chronic pain syndrome. The Official Disability Guidelines state that zolpidem is recommended for short term (7 to 10 days) treatment of insomnia. The documentation submitted for review provides evidence that the injured worker has been treated with zolpidem for greater than 10 days. Additionally, the documentation provides evidence that the patient's continued use of zolpidem is in excess of the guideline recommendations. As such, the request for Ambien CR 12.5 mg qty: 30 is not supported by the evidence based guidelines. Additionally, the request as submitted did not specify a frequency of use. As such, the request for Ambien CR 12.5 mg qty: 30 is not medically necessary.

Xanax 0.1 mg Qty: 30: Upheld

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

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

Decision rationale: The injured worker has chronic pain syndrome. The California MTUS Guidelines do not recommend the long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation submitted for review provides evidence that the patient's use of benzodiazepines exceeds the guideline recommendations. Additionally, the request as submitted failed to include a frequency of use. As such, the request for Xanax 0.1 mg qty: 30 is not medically necessary.