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| <b>Case Number:</b>   | CM14-0186870 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 09/24/2013 |
| <b>Decision Date:</b> | 01/05/2015   | <b>UR Denial Date:</b>       | 11/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2014 |

### 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 Internal 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 patient is an injured worker who is status post right knee arthroscopic surgery. The progress report dated 3/5/14 documented subjective complaints of right knee pain. Right knee arthroscopic surgery was performed 11/25/13. Medications included Norco 325-10 mg and Motrin. Objective findings were documented. Right knee demonstrated tenderness and range of motion from 0 degrees to 115 degrees. Diagnosis was knee pain and meniscus tear. Treatment plan included Norco 10-325 mg. The progress report dated 3/10/14 documented subjective complaints of right knee pain status post arthroscopic surgery for medial and lateral meniscus tear. Physical examination was documented. Right knee had tenderness with flexion to 110 degrees. Diagnosis was right knee pain and history of medial and lateral meniscus tear. Treatment plan included Norco 10-325 mg. Urine drug screen collected 3/10/14 was positive for Cannabinoids and Oxycodone. The progress report dated 3/10/14 documented Zolpidem and Hydrocodone 10 mg - Acetaminophen 325 mg. Urine drug screen collected 9/5/14 was positive for THC-COOH and Oxycodone. The progress report dated 9/5/14 documented subjective complaints of right knee pain. Physical examination was documented. No tenderness, instability, or weakness of the knees were noted. Treatment plan included Zolpidem and Hydrocodone 10 mg - Acetaminophen 325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10//325 mg # 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48; 346-347, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. Medical records document the long-term use of opioids. Hydrocodone 10 mg - Acetaminophen 325 mg (Norco) has been prescribed long-term. Urine drug screen collected 3/10/14 was positive for Cannabinoids and Oxycodone. Urine drug screen collected 9/5/14 was positive for THC-COOH and Oxycodone. The urine drug screens were potentially aberrant. MTUS and ACOEM guidelines do not support the use of Hydrocodone 10 mg - Acetaminophen 325 mg (Norco). Therefore, the request for Hydrocodone 10//325 mg # 180 is not medically necessary.

**Zolpidem 10 mg # 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 (Chronic)

**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:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Zolpidem is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Zolpidem (Ambien). ODG guidelines states that Zolpidem should be used for only a short period of time. The long-term use of Zolpidem is not supported by ODG guidelines. Therefore, the request for Zolpidem 10 mg # 30 is not medically necessary.