MAXIMUS Federal Services

Case Number:	CM14-0188755		
Date Assigned:	11/19/2014	Date of Injury:	06/14/2013
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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:

Patient is a 57 year-old male with date of injury 06/14/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/22/2014, lists subjective complaints as pain in the left knee. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the left knee revealed tenderness to palpation and limited range of motion. There was swelling, knee fluid, and chronic pain also noted. Range of motion was limited to flexion 100 degrees and extension 0 degrees. Sensory examination was intact. Diagnosis: 1. left knee pain 2. Internal derangement of the left knee 3. Degenerative joint disease of the left knee. Original reviewer modified medication request to Ambien 10 mg, #15 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months.Medications:1. Ambien 10 mg, #30 SIG: one tablet before bed.2. Anaprox 550 mg, #60 SIG: one tablet two times daily.3. Protonix 20 mg, #30 SIG: one capsule one time a day.4. Tylenol 5/325, #60 SIG: one capsule every 4-6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: Upheld

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

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 (AmbienÂ®)

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien is not medically necessary.

Anaprox: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. The patient does carry a diagnosis of degenerative joint disease of the knee. NSAIDs are indicated for this condition. Anaprox is medically necessary.

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Protonix. Protonix is not medically necessary.

Tylenol: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The MTUS states that Tylenol as a first-line analgesic for most type of pain. Tylenol is medically necessary.