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| Case Number: | CM14-0193957 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 06/02/2001 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Family Medicine and is licensed to practice in Florida. 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 67-year-old male with a date of injury of 6/02/2001. Diagnoses include a history of total right knee replacement with complications; arthrofibrosis with limited range of motion of the knee and chronic knee pain; history of left knee pain with degenerative joint disease; history of bilateral plantar fasciitis; history of right shoulder arthroscopy for a rotator cuff tear, anticoagulation with Coumadin for Atrial fibrillation; and GERD. Prior treatment has included the right knee replacement, physical therapy, home exercise regimen, and medications that include chronic narcotics. Documentation indicates that this patient has been taking chronic narcotics since 2012. A 10/21/2014 note stated physical exam findings that were grossly unchanged from that of prior reports. His right knee flexion was 90 degrees with extension at 5 degrees. No instability on stress testing was appreciated. McMurray's and apprehension test through patellar compression test remained painful. Exquisite tenderness to palpation on the bilateral plantar aspect of both feet was also noted. A utilization review physician did not authorize continuation of Norco citing as his reasoning that documentation indicates that the patient has not had improved pain and functioning with this medication. Therefore, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325 Mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no documentation of improved pain or functioning with this chronic narcotic medication. Therefore, this request is not considered medically necessary.

1 Prescription of Ambien 10mg #15: 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)

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

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications; therefore the Official Disability Guidelines were used. The Official Disability Guidelines (ODG) states regarding Ambien (Zolpidem) that it is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain, there is no evidence to support their long term/chronic use. Therefore, this request is not medically necessary.