

Case Number:	CM14-0199699		
Date Assigned:	12/02/2014	Date of Injury:	09/17/1998
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, 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 65-year-old male with an injury date of 09/17/98. Based on the 01/11/14 progress report, the patient has no pain in his knee - 0/10 when he takes Vicodin but without the Vicodin, his pain is 8/10. His activities of daily living and ability to stand and walk are improved with medications. Patient also takes Ambien 2 to 3 times a week. Per progress report of 09/02/14, patient denies any side effects from his medications. Physical examination of 11/11/14 reveals decreased range of motion in both knees, tenderness over left knee incision and evidence of contacture, along with weakness of the left quadriceps. Patient's work status is permanent and stationary as of 09/02/14. Treater's reasons for the requests are relief of pain exacerbations and sleep disturbance caused by knee pain at night. Diagnosis 11/11/14 Status post left knee replacement, stable (date of surgery 01/14/02) The utilization review determination being challenged is dated 11/19/14. The rationale for Vicodin was "the guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. In addition, there has not been recent provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse, with evidence that use resulted in a decrease in VAS pain scores and improved and measurable tolerance to specified activities." The rationale for Ambien was "Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." Treatment reports were provided from 09/02/14 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60; 88 and 89,76- 78.

Decision rationale: This patient presents with chronic knee problems being s/p knee replacement from 2002. The physician's report indicates that the patient presents with no pain - 0/10 when he takes Vicodin but without the Vicodin, his pain is 8/10. The request is for Vicodin E5 7.5/300mg #100. His activities of daily living and ability to stand and walk are improved with medications. Per progress report of 09/02/14, patient denies any side effects from his medications. He is also taking Ambien. Per progress report of 11/11/14, Urine Drug Screen was ordered for next visit. The physician's reason for the request is relief of pain exacerbation. The patient is permanent and stationary as of 09/02/14. The 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." In the 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. The states in progress report dated 09/02/14 and 11/11/14 that his ability to stand and walk as well as activities of daily living are improved after using Vicodin. Urine Drug Screen was ordered on 11/11/14 and pain is documented with and without medication per the MTUS guidelines. There are no adverse side effects. Although outcome measures are not provided, the physician provides documentation of all four A's. The request is 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 ODG, 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) Chapter, Zolpidem (Ambien).

Decision rationale: This patient present with chronic knee pain and is s/p knee replacement from 2002. The patient's pain is 0/10 with Vicodin and 8/10 without it. The patient presents with sleeping difficulties and the request is for Ambien 10mg #30. His activities of daily living and ability to stand and walk are improved with medications. Patient also takes Ambien 2 to 3 times a week. Per progress report of 09/02/14, patient denies any side effects from his medications. The physician's reason for the request is relief of sleep disturbance caused by knee pain at night. Patient's work status is permanent and stationary as of 09/02/14. The ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to

obtain. Various medications may provide short-term benefit. 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. (Feinberg, 2008)"There is no documentation of insomnia in review of medical records provided. Ambien was prescribed in progress report dated 09/02/14, which is more than 2 months from UR date of 11/19/14. The MTUS recommends Ambien only for a short period of 7-10 days for the treatment of insomnia. Furthermore, the request for quantity 30 does not indicate intended short-term use. The request is not consistent with the ODG guidelines; therefore it is not medically necessary.