

<b>Case Number:</b>	CM15-0102021		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male, who sustained an industrial injury on 08/11/2009. He has reported injury to the low back and right knee. The diagnoses have included lumbago; lumbar radiculopathy; left shoulder rotator cuff tendon tearing; and right knee pain, status post surgery. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Oxycodone, and Zolpidem. A progress note from the treating physician, dated 04/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening right leg pain and spasm; unchanged knee pain and swelling; continued pain with weight-bearing, prolonged walking, and standing activated; right knee difficulty with kneeling, squatting, stairs, and inclines; difficulty with heavy lifting, pushing, pulling with complaints of weakness; and using a cane to ambulate. Objective findings included tenderness to palpation of the right knee anteriorly; tenderness to palpation at the lateral joint line; pain with deep flexion; and motion loss with flexion and extension. The treatment plan has included the request for Zolpidem 10 mg #30; Oxycodone 30 mg #120; Gabapentin 600 mg #60; and Norco 10/325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10 MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain (Chronic). 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 Pain chapter, Insomnia Treatment, section on Ambien.

**Decision rationale:** Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening right leg pain and spasms, unchanged bilateral anterior knee pain/swelling, continued pain with weight-bearing/prolonged walking/standing activities on right side, and difficulty with kneeling/squatting/stairs/inclines with complaints of weakness. The treater has asked for ZOLPIDEM 10 MG #30 on 4/17/15. The patient's diagnoses per request for authorization form dated 4/17/15 are nonspecific pain, knee, and nonspecific pain, shoulder. The patient is s/p an unspecified right knee surgery per 4/17/15 report. The patient's current medication provides 50-60% improvement of his pain and allows him to sleep, ambulate, and perform activities of daily living per 3/20/15 report. The patient is currently taking Oxycodone, Hydrocodone, Zolpidem, and Neurontin per 4/17/15 report. The patient's work status is permanent and stationary with restrictions per 3/20/15 report. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The treater does not discuss this request in the reports provided. The patient has been taking Zolpidem in reports dated 1/24/15, 2/20/15, and 4/17/15. However, there is no indication that this medication is to be used for a short-term basis. The ODG guidelines support only short-term use of this medication, for no more than 7-10 days in most cases. The review of the reports shows that the patient has been utilizing Ambien prior to 1/26/15, which exceeds what is allowed by ODG guidelines. The request IS NOT medically necessary.

**Oxycodone 30 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening right leg pain and spasms, unchanged bilateral anterior knee pain/swelling, continued pain with weight-bearing/prolonged walking/standing activities on right side, and difficulty with kneeling/squatting/stairs/inclines with complaints of weakness. The treater has asked for OXYCODONE 30 MG #120 on 4/17/15. The patient's diagnoses per request for authorization form dated 4/17/15 are nonspecific pain, knee, and nonspecific pain, shoulder. The patient is s/p an unspecified right knee surgery per 4/17/15 report. The patient's current medication provides 50-60% improvement of his pain and allows him to sleep, ambulate, and

perform activities of daily living per 3/20/15 report. The patient is currently taking Oxycodone, Hydrocodone, Zolpidem, and Neurontin per 4/17/15 report. The patient's work status is permanent and stationary with restrictions per 3/20/15 report. 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." 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. Oxycodone has been included in patient's medications per treater reports dated 1/24/15, 2/20/15, and 4/17/15. The treater does make a general statement that the current medication regimen decreases patient's pain by 50-60 percent, and generally improves his activities of daily living per 3/20/15 report. In this case, while analgesia is documented, no specific of ADL's are discussed to show significant improvement. Only general statements are used which is inadequate. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement, CURES reports, or urine drug screens were provided in the reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

#### **Gabapentin 600 MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening right leg pain and spasms, unchanged bilateral anterior knee pain/swelling, continued pain with weight-bearing/prolonged walking/standing activities on right side, and difficulty with kneeling/squatting/stairs/inclines with complaints of weakness. The treater has asked for GABAPENTIN 600 MG #60 on 4/17/15. The patient's diagnoses per request for authorization form dated 4/17/15 are nonspecific pain, knee, and nonspecific pain, shoulder. The patient is s/p an unspecified right knee surgery per 4/17/15 report. The patient's current medication provides 50-60% improvement of his pain and allows him to sleep, ambulate, and perform activities of daily living per 3/20/15 report. The patient is currently taking Oxycodone, Hydrocodone, Zolpidem, and Neurontin per 4/17/15 report. The patient's work status is permanent and stationary with restrictions per 3/20/15 report. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Gabapentin also requires 30% reduction of symptoms. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not discuss this request in the reports provided. The patient is taking Gabapentin in reports dated 1/24/15, 3/20/15 and 4/17/15. The treater does not specifically discuss efficacy of Gabapentin in any of the reports over more than 3 months of use. MTUS Guidelines page 60 states that when

medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.

**Norco 10/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 4/17/15 progress report provided by the treating physician, this patient presents with worsening right leg pain and spasms, unchanged bilateral anterior knee pain/swelling, continued pain with weight-bearing/prolonged walking/standing activities on right side, and difficulty with kneeling/squatting/stairs/inclines with complaints of weakness. The treater has asked for NORCO 10/325 MG #60 on 4/17/15. The patient's diagnoses per request for authorization form dated 4/17/15 are nonspecific pain, knee, and nonspecific pain, shoulder. The patient is s/p an unspecified right knee surgery per 4/17/15 report. The patient's current medication provides 50-60% improvement of his pain and allows him to sleep, ambulate, and perform activities of daily living per 3/20/15 report. The patient is currently taking Oxycodone, Hydrocodone, Zolpidem, and Neurontin per 4/17/15 report. The patient's work status is permanent and stationary with restrictions per 3/20/15 report. 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." 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. Norco has been included in patient's medications per treater reports dated 1/24/15, 2/20/15, and 4/17/15. The treater does make a general statement that the current medication regimen decreases patient's pain by 50-60 percent, and generally improves his activities of daily living per 3/20/15 report. In this case, while analgesia is documented, no specific of ADL's are discussed to show significant improvement. Only general statements are used which is inadequate. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement, CURES reports, or urine drug screens were provided in the reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.