

Case Number:	CM15-0019998		
Date Assigned:	02/09/2015	Date of Injury:	05/24/2006
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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 30-year-old male who reported an injury on 05/24/2006. A prior request had been made for zolpidem and Vicodin, both of which had been determined to be not medically necessary as the California MTUS does not support long term use of benzodiazepines and there had been no documentation of a current urine drug screen to monitor for compliance purposes for ongoing use of the Vicodin. The injured worker had reportedly been injured after tripping and falling onto both knees with x-rays of the knees performed in 12/2010 revealing moderate osteoarthritic changes at the bilateral knees and noted radiodensity projecting in the joint space laterally of the right knee which was indicated as a possible loose body. While utilizing the medications, the injured worker rated his pain level as a 3/10 and without the medications, it increased to an 8/10. He had been utilizing Lidoderm patches, Vicodin, zolpidem tartrate, and pentazocine/naloxone. When he was seen on 01/20/2015, he rated his pain level as a 3/10 with medications and a 7/10 without and was being seen again for right knee pain. His surgical history included a left knee arthroscopic debridement performed in 2000 and again on 05/24/2006 involving both knees. A previous urine toxicology screen had been performed in 02/2011 which had been within normal limits. Previous x-rays had been performed and the injured worker had been diagnosed with osteochondral fracture of the medial femoral condyle, multiple loose bodies, medial meniscal tear, and post-traumatic degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under the California MTUS Guidelines, for ongoing use of opioids, there must be documentation of compliance in medication use, to include either a current urine drug screen, a current signed pain contract, or a current pill count. Therefore, weaning purposes would be implemented. However, at this time, the Vicodin was not determined to be medically necessary as there was no indication that current use had successfully alleviated the injured worker's symptoms and improved his over functional ability, as well as reference to the compliance of this medication. Therefore, the medical necessity has not been established.

Zolpidem Tartrate 10mg #15 with 2 refills: 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), Stress & Mental Illness Chapter, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Under the California MTUS Guidelines, long term use of benzodiazepines is not supported. The request does not fall within the recommended 2 to 6 week duration of use which could potentially result in further functional impairments, to include increased pain levels and potentially increase levels of depression. Therefore, the medical necessity has not been established.