

<b>Case Number:</b>	CM15-0165747		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/18/2001
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 61 year old female, who sustained an industrial injury on 9-18-2001. Diagnoses have included osteoarthritis, unspecified whether generalized or localized, lower leg and pain in joint, lower leg, thermal nucleoplasty L4-L5 and L5-S1 and chronic musculoligamentous sprain lumbar spine. Treatment to date has included left total knee replacement, physical therapy and medication. Per the progress report dated 7-10-2015, the injured worker complained of neck pain. The pain radiated to the shoulders. She complained of lower back pain rated four to five out of ten. The note was hand written and difficult to decipher. Physical exam revealed tenderness to palpation of the left knee. She also complained of difficulty sleeping. According to the progress report dated 7-23-2015, the injured worker complained of left knee pain rated seven out of ten. She complained of a tingly and painful sensation over the highest part of the surgical scar when touched. She also reported numbness in her toes on the left side. Physical exam revealed tenderness over the lateral side of her left knee. Authorization was requested for Norco and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The current request is for 1 prescription of Norco 10/325mg #60. Treatment to date has included left total knee replacement (04/02/15), physical therapy and medications. The patient is temporarily totally disabled. MTUS, CRITERIA FOR USE OF OPIOIDS, 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 07/10/15, the patient presents with chronic neck, left knee and lower back pain. The patient is s/p left knee surgery on 04/02/15. The patient reported difficulty sleeping and states she only gets 4-5 hours a night. The patient rated her pain as 4-5/10. Some of the progress reports are handwritten and partially illegible. The patient has been prescribed Norco since at least 05/01/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

**1 prescription of Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Zolpidem (Ambien) (2015).

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

**Decision rationale:** The current request is for 1 prescription of Ambien 10mg #30. Treatment to date has included left total knee replacement (04/02/15), physical therapy and medications. The patient is temporarily totally disabled. Official Disability Guidelines, Pain Chapter, under Zolpidem (Ambien) states: Zolpidem 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. Per report 07/10/15, the patient presents with chronic neck, left knee and lower back pain. The patient is s/p left knee surgery on 04/02/15. The patient reported difficulty sleeping and states she only gets 4-5 hours a night. The patient rated her pain as 4-5/10. Some of the progress reports are handwritten and partially illegible. While this patient presents with chronic pain with associated insomnia, ODG does not support the use of this medication for longer than 7-10 days. The patient has been prescribed Ambien since 04/02/15; therefore, the request for refill IS NOT medically necessary.