

<b>Case Number:</b>	CM15-0185459		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 52-year-old male, who sustained an industrial injury on April 7, 2003. He reported low back, bilateral hip and knee pain. The injured worker was currently diagnosed as having bilateral avascular necrosis of the hip, status post bilateral hip arthroplasty, bilateral knee complex meniscal tear, myofascial pain, chronic low back pain and left sacroiliitis. Treatment to date has included diagnostic studies, surgery, knee brace, physical therapy and medication. On February 14, 2015, MRI of the right knee revealed medial meniscal tear, mild to moderate tri-compartmental osteoarthritis, pre-patellar bursitis and infrapatellar plica. On July 1, 2015, the injured worker complained of persistent low back, bilateral hip and bilateral knee pain. His current pain medications were noted to be helping for pain without adverse effects. The pain was rated as an 8 on a 1-10 pain scale without medications. Physical examination revealed spasms in the lumbar paraspinal muscles. There was tenderness in the left posterior superior iliac spine and tenderness noted in the right knee joint line. Notes from another provider stated that there is a possibility of some trochanteric bursitis and abductor tightness. The treatment plan included Norco, ibuprofen and zolpidem. On August 19, 2015, utilization review denied a request for zolpidem 10mg #20 and ibuprofen 600mg #60. A request for Norco 10-325mg #120 was modified to Norco 10-325mg #84.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation found in the notes provided from recent office visits to suggest this full review was completed regarding the Norco use, which had been used regularly leading up to this request. There was no report to show the Norco independently and directly reduced pain and improved function in a measurable way. Therefore, the Norco will be considered medically unnecessary at this time. Weaning may be indicated.

**Zolpidem 10mg #20:** 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), Pain (Chronic): Zolpidem (Ambien) (7/15/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was record of having used zolpidem 10 mg chronically for years prior to this request for continuation. However, regardless of the fact that this chronic use is not recommended by the Guidelines, there was also no recent record to show how effective this medication was at improving sleep. Therefore, this request for zolpidem 10 mg #20 will be considered medically unnecessary. Weaning may be indicated.

**Ibuprofen 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms &

cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of ibuprofen being used regularly for chronic pain, which comes with significant side effects and is not recommended by the Guidelines. However, upon review of the recent progress notes leading up to this request, there was no report of how ibuprofen measurably reduced pain or measurably improved function, which might have helped to justify this request for continuation. Therefore, considering the above reasons above, ibuprofen will be considered medically unnecessary to continue regularly.