

Case Number:	CM15-0200503		
Date Assigned:	10/15/2015	Date of Injury:	11/05/2014
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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 59 -year-old male who sustained an industrial injury on 11-5-2014. Diagnoses include left knee tricompartmental arthritis, post prior partial medial meniscectomy 1-2015, and possible re-tear of medial meniscus. Also, he is diagnosed with Internal derangement of the right knee. MRI 7-10-2015 had revealed intrasubstance degeneration of the medial meniscus with tricompartmental osteoarthritis and Baker cyst. Documented treatment includes physical therapy, cortisone injections, and Norco since 7-21-2015. A baseline urine drug test was performed at that visit. Pain contract and response to treatment not provided. The injured worker is also noted to have been prescribed Ambien on 8-26-2015. Sleep habits and hygiene were not discussed in the note. On 8-26-2015 the injured worker was complaining of continuing bilateral knee pain, with right knee locking and "giving way." Examination noted left knee swelling, tenderness and limited range of motion. Right knee had moderate medial joint line tenderness with positive McMurray. The treating physician's plan of care includes Norco and Ambien which were non-certified on 9-16-2015. Current work status is total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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 evidence found in the notes provided for review to show this full review was completed regarding Norco and other opioid use. There was no report of specific functional gains and pain level reduction with the ongoing use of Norco. Also, this request failed to include dose and number of pills. Therefore, the request for Norco is not medically necessary at this time.

Ambien: 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 (updated 09/08/15): 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) 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 not a clear indication for using this medication. If insomnia was a reported symptom, there was no report found which contained a record of what was tried before considering this medication, which is not first line therapy for insomnia. Also, the dose and number of pills was missing from this request, which is required before consideration can be made for approval. Therefore, the request for Ambien is not medically necessary at this time.