

Case Number:	CM15-0206048		
Date Assigned:	10/22/2015	Date of Injury:	08/30/2006
Decision Date:	12/07/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This is a 62 year old female with a date of injury on 8-30-06. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain. Progress report dated 10-7-15 reports follow up for right knee status post right total knee revision done on 12-8-14. She reports recent sleep problems due to right knee pain. The pain is rated 9 out of 10. She states there is a warmness at the incision site of the right knee with numbness on the medial and lateral side of the knee. She has a painful popping and numbness in her feet. She is taking Tylenol which does not help. Objective findings: right knee range of motion is limited, well healed scar, mild diffuse tenderness throughout the knee, mild synovitis. Bone scan 2-11-14 revealed abnormal triple phase bone scan with increased uptake on all three phases in the right knee prosthesis. Treatments include: medication, physical therapy, right total knee replacement. Request for authorization was made for Ambien tablets 10 mg quantity 30 and Norco tablets 5-325 mg quantity 60. Utilization review dated 10-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tablets 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 (ODG), Treatment Index, 13th Edition (web), 2015, Mental Illness and Stress, 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) Pain (Chronic) Chapter, under Zolpidem.

Decision rationale: The current request is for Ambien tablets 10mg #30. Treatment history include: medications, physical therapy, and right total knee replacement (12/19/14). The patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section 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. (Feinberg, 2008)" Per report 10/07/15, the patient is status post right total knee revision from 12/19/14, and presents with complaints of warmth at the incision site of the right knee with numbness on the medial and lateral side of the knee. She reports sleep problems due to the right knee pain. The pain is rated as 9/10. The patient has been prescribed Ambien since 06/03/15 for her complaints of sleep problems secondary to pain. While this patient presents with significant pain and insomnia, ODG do not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to prior use does not imply the intent to utilize this medication for short term. Therefore, the request IS NOT medically necessary.

Norco tablets 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Norco tablets 5/325mg #60. Treatment history include: medications, physical therapy, and right total knee replacement (12/19/14). The patient is temporarily totally disabled. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS,

Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/07/15, the patient is status post right total knee revision from 12/19/14, and presents with complaints of warmness at the incision site of the right knee with numbness on the medial and lateral side of the knee. She reports sleep problems due to the right knee pain. The pain is rated as 9/10. Per report 07/01/15, "the pt continues to take Norco, as needed for pain." On 06/03/15, the treater again noted that "the pt continues to take Ambien and Norco." There is no further discussion regarding medications. In this case, the treater has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.