

Case Number:	CM15-0031596		
Date Assigned:	02/24/2015	Date of Injury:	10/08/2008
Decision Date:	07/16/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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: Preventive Medicine, Occupational Medicine

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 55-year-old male, who sustained an industrial/work injury on 10/8/08. He reported initial complaints of knee and elbow pain. The injured worker was diagnosed as having osteoarthritis, disorders of bursa and tendons in shoulder region, unspecified. Treatment to date has included medication, home exercise program, physical therapy, acupuncture, surgery (right thumb repair, left shoulder arthroplasty with partial medial and lateral meniscectomy on 8/26/09, right knee surgery on 11/28/12, right elbow surgery on 2/26/13, and left carpal tunnel and left finger release on 11/12/13), psychotherapy, and pending functional restoration program. Currently, the injured worker complains of right knee and elbow pain. Per the primary physician's progress report (PR-2) on 3/27/15, left elbow surgical site incision is clean and dry, sensation is intact, full range of motion in the left arm. On 3/24/15, exam revealed limp with use of a cane. The knee has a small effusion, unchanged since last exam. There is continued swelling in a horseshoe around the anterior knee, range of motion is from 0--90 degrees, moderate joint line tenderness medial > lateral. The requested treatments include Norco 10/325 mg, Xanax 0.5mg, and Ambien 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, quantity unspecified, per 01/07/15 form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Weaning of Medications Page(s): 91, 93, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. There is no opioid agreement on file and no evidence of urine drug screens. Additionally, there is no quantity requested included with this request. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg, quantity unspecified, per 01/07/15 form QTY: 1.00 is determined to not be medically necessary.

Xanax 0.5mg, quantity unspecified, per 01/07/15 form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/31/14).

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker has taken Zanax for an extended period. Additionally, the quantity of Xanax requested is not included with this request. The request for Xanax 1 mg is determined to not be medically necessary.

Ambien 10 mg quantity unspecified, per 01/07/ 5 form QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 12/31/14).

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/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address a problem with insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien 10 mg quantity unspecified, per 01/07/ 5 form QTY: 1.00 is determined to not be medically necessary.