

Case Number:	CM15-0033110		
Date Assigned:	02/26/2015	Date of Injury:	02/14/2011
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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 57-year-old male with an industrial injury dated February 14, 2011. The injured worker diagnoses include right knee pain and status post total knee arthroplasty of the right knee on 1/16/2015. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/28/2015, the injured worker presented for follow up evaluation status post right knee replacement on January 16, 2015. The injured worker reported that his pain is still significant. Documentation also noted that he is having increasing pain in he left knee and that the large knee brace was too small. Objective findings revealed full range of motion, soft calf, no redness of wound or leg and no ankle or foot swelling. The treating physician prescribed Oxycontin 40mg #60, 1 refill and Ambien 10mg #30, 1 refill. Utilization Review determination on February 6, 2015 modified the request to Oxycontin 40mg #60 between 2/2/2015 and 5/5/2015 and denied the request for Ambien 10mg #30, 1 refill, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 2/6/15 Utilization Review letter states the Oxycontin 40mg, #60, 1 refill requested on the 1/28/15 medical report was modified to allow the prescription without the refill so the provider can assess functional improvement. According to the 1/28/15 orthopedic report, the patient underwent right TKA on 1/16/15. He has been getting his Norco, gabapentin, Prilosec and Celebrex through [REDACTED] and paying [REDACTED] co-pay. He had been on the medications for 4-years the physician states he was authorized for these medications through Express Scripts and he will try to get this started. The patient still had high levels of pain post-operatively. The physician states the patient had developed a tolerance to the medications over the previous 4-years and wrote for OxyContin 40mg bid and will increase the gabapentin. MTUS page 78 recommends documentation of the 4 A's (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. The patient recently underwent a knee replacement surgery and prior to this was being seen by his private physician for pain management of a low back injury. He had developed tolerance to Norco, and had high levels of pain after the surgery, so the physician wanted to try OxyContin 40mg. The utilization review agreed to the initial prescription but denied the refill so there is an opportunity for the physician to assess the outcome of the initial prescription. The MTUS guidelines require documentation of functional improvement or a satisfactory response in order to continue with opioid therapy. The refill of OxyContin 40mg, without documentation of efficacy would not be in accordance with MTUS guidelines. IMR is not able to offer partial certification, and the whole request, as written, for Oxycontin 40mg, #60, 1 refill, is not completely in accordance with MTUS guidelines. Therefore, the request for Oxycontin 40mg, #60 with 1 refill IS NOT medically necessary.

Ambien 10mg #30, 1 refill: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Zolpidem.

Decision rationale: The 2/6/15 Utilization Review letter states the Ambien 10mg, #30, 1 refill requested on the 1/28/15 medical report was denied because there was no discussion of insomnia or careful evaluation of sleep disturbance. MTUS does not discuss use of Ambien so ODG guidelines were consulted. ODG-TWC guidelines, Pain chapter, for Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. According to the 1/28/15 orthopedic report, the patient underwent right TKA on 1/16/15. There is no mention of sleep disturbance or mention of

a prescription of Ambien. The prescription for Ambien #30, (30-day supply) and a refill for another 30-day supply will exceed the ODG guidelines recommended duration of 10-days. The request for Ambien 10mg, #30, 1 refill, IS NOT medically necessary.