

<b>Case Number:</b>	CM15-0034518		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	10/28/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Hawaii  
 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 60 year old female, who sustained an industrial injury on October 28, 2001. The diagnoses have included right knee osteoarthritis, lumbar postlaminectomy syndrome, neurofibromatosis, anxiety disorder, knee bursitis, lumbar spine spinal stenosis, and pain in joint involving the lower leg. Treatment to date has included ice/heat, TENS, physical therapy, and medication. Currently, the injured worker complains of throbbing right knee pain. The Treating Physician's report dated January 29, 2015, noted x-rays taken of the right knee and right tibia showed no increase of osteoarthritis. The injured worker was noted to be permanent and stationary. On February 12, 2015, Utilization Review non-certified Norco 10/325mg, quantity 60 and Ambien 10mg, quantity 60, noting the requests were modified to approve Norco 10/325mg, quantity 30 and Ambien 10mg, quantity 30, for weaning purposes. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg, quantity 60 and Ambien 10mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The patient presents with throbbing right knee pain. The current request is for Norco 10/325mg quantity 60. The treating physician states, in a report dated 01/29/15, "To alleviate pain and discomfort, the patient was prescribed Norco 10/325mg #60" (27B). The MTUS guidelines state: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the MTUS requirements for documentation of the 4 A's have not been documented. There are no before and after pain scales with opioid usage. There is no documentation of the positive effects of opioid usage on activities of daily living and the treating physician fails to discuss aberrant behaviors, CURES, or UDS The current request is not medically necessary and the recommendation is for denial.

**Ambien 10mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter - Zolpidem (Ambien®).

**Decision rationale:** The patient presents with throbbing right knee pain. The current request is for Ambien 10mg quantity 60. The treating physician states, in a report dated 01/29/15, "To alleviate pain and discomfort, the patient was prescribed "Ambien 10mg #60" (27B). The MTUS guidelines do not address Ambien. The ODG guidelines state: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. In this case, the treating physician, based on the records available for review, documents Ambien usage for this patient since at least 08/06/14. This is well outside ODG guidelines for short-term treatment of insomnia, which was not documented in any reports available for review. The current request is not medically necessary and the recommendation is for denial.