

Case Number:	CM15-0041779		
Date Assigned:	03/12/2015	Date of Injury:	06/30/2009
Decision Date:	04/15/2015	UR Denial Date:	02/22/2015
Priority:	Standard	Application Received:	03/05/2015

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 47 year old male, who sustained an industrial injury on June 30, 2009. Treatment to date has included MRI of the left knee on May 23, 2014 which revealed a non-displaced full thickness flap chondral injury involving the middle one-third of the lateral tibia plateau, chondroplasty of the lateral tibial plateau and patellofemoral joint and synovectomy of the suprapatellar pouch and lateral release, medications and pending post-operative physical therapy. Currently, the injured worker complains of increasing lower back pain, which radiates down the left lower extremity. The injured worker rates the pain a 9 on a 10-point scale and reports that his pain is rated a 6-7 on a 10-point scale with his medications. He continues to have left knee pain, which is post-operative in nature and rated a 9 on a 10-point scale. He reports increasing pain over his abdominal incision. His treatment plan included continuation of Norco for pain and new prescription for Ambien for sleep interrupted by pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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 (web), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics and Pain section, Ambien and 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 a history of at least using Ambien off and on for many months (or longer) or even used it daily during this time period (not clear from notes provided). Either way, the use of Ambien for this amount of time is not recommended and discontinuation is recommended. Also, without a clear indication that this worker's case is an exception to this guideline, the Ambien will be considered medically unnecessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Ongoing Management; Opioids for Chronic Pain Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

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 documentation to suggest this full review was completed near the time of this request. There was insufficient documentation of any measurable and functional gains and pain reduction directly related to the Norco use to justify continuation. Therefore, without more clear evidence to show benefit with Norco use, it will be considered medically unnecessary. Weaning may be indicated.