

Case Number:	CM15-0048716		
Date Assigned:	03/20/2015	Date of Injury:	07/28/2003
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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, Pain Management, 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 54 year old male who sustained a work related injury on July 28, 2003. He complained of bilateral knee pain. He was diagnosed with chronic arthritis, internal derangement of the knees. Treatment included Synvisc injections, anti-inflammatory drugs, pain medications, home exercise program, ice, heat ultrasound and physical therapy. Currently, the injured worker complained of bilateral knee pain, back pain and joint pain. The treatment plan that was requested for authorization included was prescriptions for Ambien, Voltaren Gel and Norco.

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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien).

Decision rationale: ODG states that Ambien is recommended for short term use up to 10 days. The current prescription for #30 exceeds ODG recommendations. Furthermore, there has been no review of symptoms or education concerning sleep hygiene prior to prescribing Ambien. This request for Ambien exceeds ODG recommendations and is not medically necessary.

Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Voltaren gel is indicated for a short course from 4 to 12 weeks. The request was modified to approve 4 weeks use of Voltaren gel or one tube instead of 3. The prior approval for one month's use adheres to MTUS 2009 and is upheld. It appears that continued use of Voltaren gel will exceed MTUS 2009 recommendations. Other medications have been added to control pain suggesting that the benefit from Voltaren gel is tapering. The request is not medically necessary.

Norco 10/325 #180: 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): 75.

Decision rationale: MTUS 2009 states that short acting opioids are used for breakthrough pain. The current prescription is for 60 MED of short acting opioids with approximately 2 grams of acetaminophen per day. In this case, the medication is prescribed on a scheduled basis for a chronic pain condition. Norco is supposed to be used for breakthrough pain as needed. 180 tablets are provided for one month with up to 6 tablets per day during waking hours. The use of Norco in this manner does not adhere to MTUS 2009 and is not medically necessary.