

<b>Case Number:</b>	CM15-0051977		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 67 year old male, who sustained an industrial injury on 09/02/2011. He has reported subsequent knee, foot and lower leg pain and was diagnosed with bilateral knee degenerative joint disease and tear of the medial meniscus of the knee. Treatment to date has included oral pain medication, viscosupplementation and surgery. In a progress note dated 02/26/2015, the injured worker complained of pain that was rated ad 6/10 with medications and 8/10 without medication but the exact location of the pain was not documented. Objective findings were notable for tenderness to palpation of the bilateral knees with mild effusion and positive patellar grind and McMurray's tests. The physician noted that the injured worker was reporting that he was continuing to wake in the middle of the night despite taking Ambien but that it was helping to initiate sleep. The physician also noted that Norco was helping to reduce the injured worker's pain and improve functional ability. Requests for refills of these medications were made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use of Opioids Page(s): 76-80.

**Decision rationale:** The injured worker's being treated for chronic bilateral knee degenerative joint disease with associated foot pain. He is status post right knee arthroscopically and right retrocalcaneal exostectomy. Total knee replacement has been discussed as a treatment option. Records indicate pain levels ranging from 6/10-2/10. Pain regimen includes Norco 10/325 3 times daily as needed. Also indicated his poor sleep quality which is being treated with Ambien 12.5 mg at bedtime. Records indicate that Ambien has been prescribed regularly since 12/4/14. Injured worker is undergone several psychological treatment sessions for mood lability and depressive symptoms. During his sessions sleep hygiene has been addressed. Request is currently being made for continuation of Norco and Ambien. With regards to continuation of opioid therapy, MTUS guidelines indicates it is recommended when there is improvement in pain and function for return to work. Although records do not indicate that the patient has returned to work, there is substantial documentation supporting improved pain and function. Therefore, request for continuation of Norco is medically necessary.

**Ambien CR 12.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)-Zolpidem (Ambien).

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

**Decision rationale:** The injured worker's being treated for chronic bilateral knee degenerative joint disease with associated foot pain. He is status post right knee arthroscopically and right retrocalcaneal exostectomy. Total knee replacement has been discussed as a treatment option. Records indicate pain levels ranging from 6/10-2/10. Pain regimen includes Norco 10/325 3 times daily as needed. Also being addressed is poor sleep quality for which there've been failed trials of treated with Ambien 12.5 mg at bedtime. Records indicate that Ambien trial was started then switched to Ambien 12.5 CR due to lack of sustained sleep. The injured worker is actively undergoing psychological treatment for depressive symptoms. During his sessions sleep hygiene has been addressed. Request is currently being made for continuation of Norco and Ambien. With regards to continuation Ambien CR, ODG guidelines recommends non-benzodiazepine hypnotics for short-term use in the treatment of insomnia. In addition, Ambien CR was noted to offer no significant clinical bandage over regular release Ambien. Guidelines also indicate that cognitive behavioral therapy should be a part of insomnia treatment which is apparently case for this injured worker. Given that the request for Ambien CR is for greater than 7-10 days' supply, it would not be medically necessary as per her own ODG guidelines.

