

Case Number:	CM15-0240052		
Date Assigned:	12/17/2015	Date of Injury:	08/30/2006
Decision Date:	01/21/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/09/2015

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: Preventive Medicine, 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:

This is a 62-year-old female with a date of injury on 8-30-06. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain. Progress report dated 11-18-15 reports complaints of pain over lateral right ankle, right shin and right knee. She reports recent trouble sleeping due to right knee pain. The pain is rated 9 out of 10. She performs home exercises and walks daily. She describes a warm sensation at the incision site on the right knee with numbness on the medial and lateral side of the knee. She has a painful popping in the right knee and numbness of the foot. She is taking Tylenol for the pain, which does not help. Objective findings: right knee range of motion 0-95, well healed scar, mild diffuse tenderness throughout the right knee, mild synovitis right knee, decreased pulses right leg, grossly normal sensory exam bilateral legs. Treatments include: medication, physical therapy, right total knee revision 12-8-14. According to the medical records she has been taking Norco and Ambien since at least 6-3-15. Request for authorization dated 11-19-15 was made for Norco 5-325 mg, quantity 60 tablets and Ambien 10 mg, quantity 30 tablets. Utilization review dated 11-30-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is a 62-year-old female is being treated for right knee pain with associated sleep difficulties. Treatments to date include: medications, physical therapy, and right total knee revision. According to the medical records, she has been taking Norco since at least 6-3-15 without continued objective documentation of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg, #60 tablets is determined to not be medically necessary.

Ambien 10mg, #30 tablets: 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) - 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 Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. In this case, the injured worker is a 62-year-old female is being treated for right knee pain with associated sleep difficulties. Treatments to date include:

medications, physical therapy, and right total knee revision. According to the medical records, she has been taking Ambien since at least 6-3-15, which is not supported by the guidelines. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien 10mg, #30 tablets is determined to not be medically necessary.