

Case Number:	CM14-0105603		
Date Assigned:	09/16/2014	Date of Injury:	05/08/2011
Decision Date:	11/13/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65 year old male who was injured on 5/8/2011. The diagnoses are left knee, low back and left SI joint pain. There are associated diagnoses of anxiety, depression, left piriformis syndrome and muscle spasm. The past surgery history is significant for left knee arthroscopy and SI joint injections. The 2011 MRI of the lumbar spine showed degenerative disc disease and facet arthropathy. The patient completed physical therapy. On 6/5/2014, [REDACTED] noted subjective complaints of left knee weakness and stiffness. The pain score was 4/10 with medications on a scale of 0 to 10. The medications are Norco for pain and Ambien for sleep. The patient is awaiting authorization for a left total knee replacement. A Utilization Review determination was rendered on 6/11/2014 recommending non certification for Ambien 10mg #30 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg one PO BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records show that the patient completed PT and arthroscopic surgeries. An authorization for left total knee replacement is pending. There is no documented aberrant behavior or medication side effect. The criteria for the use of Norco 10/325mg #60 was met.

Ambien 10 mg one tablet PO QHS #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, pain, insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of medications for the treatment of insomnia be limited to periods of less than 4 weeks to decrease the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicates that the patient had utilized Ambien longer than the maximum recommended duration. The patient is also utilizing chronic opioids medications. The incidence of adverse drug interactions between opioids and Ambien is increased in the elderly. The criteria for the use of Ambien 10mg #30 was not met.