

Case Number:	CM14-0132519		
Date Assigned:	08/20/2014	Date of Injury:	03/30/2003
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of March 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; sleep aids; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated July 30, 2014, the claims administrator apparently issued a partial approval for hydrocodone-acetaminophen, denied zolpidem outright, and denied carisoprodol outright. The claims administrator noted that the applicant had had two prior knee surgeries. The claims administrator referenced a July 7, 2014 clinical progress note, in which it was alleged that the applicant was getting pain medications from two different physicians. The applicant's attorney subsequently appealed. However, the July 7, 2014 progress note which the claims administrator referenced in its denial/partial certification was not incorporated into the Independent Medical Review packet. In a medical-legal evaluation report of March 31, 2014, the applicant was apparently described as having ongoing complaints of knee and shoulder pain. The applicant had not been employed since March 2003, it was stated. In an August 20, 2013 progress note, the applicant reported persistent complaints of knee pain with difficulty sleeping at night. The applicant was given a diagnosis of chronic knee pain status post right knee surgery with x-rays demonstrating degenerative joint disease about the same. The applicant was apparently using Norco four times daily, Soma, Zanaflex, and Ambien on a nightly basis, it was suggested. A six-month supply of medications was reportedly refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Management Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant, by all accounts, does not appear to be working; it has been suggested by the medical-legal evaluator. The treating provider failed to outline any quantifiable decrements in pain or tangible improvements in function achieved as a result of ongoing opioid therapy on a progress note dated August 20, 2013. The claims administrator did not apparently incorporate the July 7, 2014 progress note on which these articles were requested into the Independent Medical Review packet. The information on file, however, does not support or substantiate the request for continuation of hydrocodone. Therefore, the request is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Management Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do note that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore furnish some compelling evidence to support such usage. In this case, however, the applicant was given a six-month supply of Ambien on an earlier office visit of August 2013, referenced above. The attending provider posited, at that point in time, that the applicant was using Ambien for chronic, long-term, and nightly use purposes, for insomnia. This is not an FDA approved role for Ambien; the FDA suggests that Ambien be limited for short-term use purposes, for up to 35 days. No compelling applicant-specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids: Carisoprodol(Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is "not recommended" in the chronic pain context as it is not recommended for use in conjunction with opioid agents. In this case, the applicant is concurrently using opioid agents. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines also states that Soma is not recommended for longer than two- to three-week period. In this case, the applicant has been using Soma for what appears to be span of several months to several years, despite the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.