

<b>Case Number:</b>	CM14-0142560		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 52-year-old female with date of injury of 05/06/2013. The listed diagnoses per [REDACTED] from 04/22/2014 are 1. Carpal tunnel syndrome. 2. Feet plantar fasciitis. 3. Left foot calcaneal spur. 4. Right medial meniscus tear. According to this handwritten report, the patient complains of continuous pain in the bilateral feet and right wrist with continued physical therapy. The patient continues to be having problems sleeping and with anxiety. The objective findings in this handwritten report were illegible. The objective findings from [REDACTED]'s report from 05/14/2014 showed moderate swelling noted over the right knee. There is medial joint line tenderness over the right knee. McMurray's test is positive for the right knee. Range of motion examination of the right knee is decreased with flexion to 120 degrees and extension at 5 degrees. The utilization review denied the request on 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #90:** 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, and Insomnia Treatment

**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 on Zolpidem

**Decision rationale:** This patient presents with bilateral wrist and bilateral foot pain. The treater is requesting Ambien 5 mg quantity 90. The MTUS and ACOEM Guidelines are silent concerning this request; however, ODG Guidelines on Zolpidem states that it is indicated for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The records show that the patient was prescribed Ambien on 03/11/2014. In this case, while the patient complains of difficulty sleeping, MTUS does not support the long-term use of this medication. Recommendation is for denial.

**Norco 5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, On-Going Management Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with bilateral wrist and bilateral foot pain. The treater is requesting Norco 5/325 mg quantity #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As including analgesia, ADL, adverse side effects and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work and duration of pain relief. The records show that the patient was prescribed Norco on 03/11/2014. The treater does not note medication efficacy. There were no discussions regarding side effects, no provided pain scales, no specific regarding ADL, no significant improvement, and no mention of quality of life changes. There were no discussions regarding "pain assessment" as required by MTUS. However, the urine drug screen from 03/20/2014 showed consistent results with prescribed medications. Given that the treater does not discuss all the required criteria by MTUS, recommendation is for denial and slow tapering of the opiate.