

<b>Case Number:</b>	CM14-0147398		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Pain Management 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 53 year old female with an injury date of 05/06/13. Per the most recent report dated 07/25/14 by [REDACTED], the patient presents for a preoperative exam for right knee medial meniscus surgery next month. The patient states she has pain in the right medial knee rated 8-9/10 that increases with walking and she hears cracking in the knee. This report states the patient is also being treated for carpal tunnel. The 06/23/14 progress report by [REDACTED] states the patient is working with restrictions. Examination shows tenderness to palpation diffused right medial knee, pain with range of motion and bilateral knee crepitus. The patient's diagnoses include: Derangement medial meniscus NECCarpal tunnel syndromeGastrointestinal Reflux DiseaseDepressionInsomnia (per 04/22/14 progress report)Current medications are listed as Norco, Prilosec, Ambien, Gabapentin and Zoloft. The utilization review being challenged is dated 08/21/14. Report were provided from 08/14/13 to 08/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ambien 5mg 1 tablet at bedtime for sleep #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

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

**Decision rationale:** The patient presents with pain in the right knee rated 8-9/10 preoperative right knee medical meniscus scheduled August 2014. The treater requests for 1 prescription for Ambien (Zolpidem) 5 mg 1 tablet at bedtime for sleep #90. The reports provided show the patient has been using this medications since at least 02/16/13. The 05/01/14 urine toxicology report provided reports Ambien (Zolpidem) detected. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines Mental Illness and Stress Chapter, Zolpidem Topic, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the treater states in the request that the use of the medication is for sleep, and the patient has a diagnosis of insomnia. However, the treater does not state that the medication helps the patient. Furthermore, the patient has been using this medication months longer than the 7-10 days recommended by ODG. The request for Ambien is not medically necessary or appropriate.

**1prescription for 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 (MTUS ,CRITERIA FOR USE OF OPIOIDS Page(s): 88,89,76-78.

**Decision rationale:** The patient presents with pain in the right knee rated 8-9/10 preoperative right knee medical meniscus scheduled August 2014. The treater requests for 1 prescription for Norco; 5/325 #90. The reports provided show the patient has been prescribed this medications since at least 02/14/14. MTUS Guidelines pages 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 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief." The reports provided from 12/26/13 to 07/25/14 do not show assessment of the patient's pain at every visits with the use of a pain scale. Pain is rated 7/10 from 06/23/14 to 06/25/14 and 8-9/10 on 07/25/14. The reports do not discuss this medication. The patient is stated to be working with restrictions but the treater does not mention whether or not medications are allowing the patient to work. Opiate management issues are partially discussed as ordering of urine toxicology reports are noted. Two reports were provided: 03/201/4 and 05/01/14 reports show no Hydrocodone detected. The treater does not address potential diversion issue. None of the reports discuss analgesia or side effects. Given the lack of adequate documentation regarding what Norco is doing for the patient's pain and function, and lack of discussion regarding what is to be done with inconsistent UDS results, the request for Norco is not medically necessary or appropriate.

