

Case Number:	CM14-0155307		
Date Assigned:	09/25/2014	Date of Injury:	01/02/2012
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal Medicine and is licensed to practice in New York. 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 injured worker is a 45 year old man with a date of injury of 1/2/12. He was seen by his primary treating physician on 7/22/14. He was status post left THA (Total Hip Arthroplasties) and had persistent left anterior hip pain which was interfering with his ADLs (activity of daily living). His exam showed a healed left hip incision. His range of motion showed flexion to 100 degrees, internal 30 degrees, abduction 50 degrees and external 80 degrees. He had pain with resisted hip flexion and range of motion. X-rays take that day showed good position of the left hip components. At issue in this review are the medications Ambien, flexeril and Vicodin. The length of prior therapy was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #30 with 1 refill: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: zolpidem drug information and treatment of insomnia

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). In this injured worker, there is no documentation of a discussion of efficacy or side effects or sleep pattern, hygiene or level of insomnia. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. The documentation does not support the medical necessity for Ambien.

Flexeril 10mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic hip pain with an injury sustained in 2012. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Spasm is also not documented on the physical exam. Cyclobenzaprine's (flexeril) medical necessity is not supported in the records.

Vicodin HP 10/300mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic hip pain with an injury sustained in 2012. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify use. The medical necessity of Vicodin is not substantiated in the medical records.