

Case Number:	CM15-0007618		
Date Assigned:	01/22/2015	Date of Injury:	05/15/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female with a reported date of injury on 05/15/2014. The mechanism of injury was a result of trying to catch herself while falling from a chair. The injured workers diagnoses include right knee medial meniscus tear. Treatment options completed thus far were include physical therapy, steroid injection, knee brace, and Norco. The progress note dated 11/12/2014 noted the injured worker had complaints of pain in the right knee rated 3/10 that increased with bending. The injured worker also was noted to state that the inside of the knee was sensitive to touch and that the injured workers sleep had increased but she still experienced some pain throughout the night. On physical examination of the right knee, it was noted that there was moderate tenderness to palpation over the medial patellar facet and mild tenderness to the medial joint line. The range of motion was slightly decreased and there was no instability with manipulation or weight bearing. The patellar grind and McMurray's testing were positive. Under the treatment plan, it was noted the physician was recommending a post-operative prescriptions to include Ambien #30 to be taken as needed for sleep and Zofran 4 mg as needed for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg oral prn hours of sleep #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 (updated 11/21/2014), 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, Zolpidem.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the use of Ambien. However, the Official Disability Guidelines state that Ambien may be recommended as a first line medication for short term treatment of insomnia, usually 7 to 10 days. It was noted in the documentation that the injured workers sleep had increased and there was no evidence within the documentation that the injured worker had a diagnosis of insomnia that would require the use of this medication. In addition, the requested dosage exceeds the treatment guidelines' recommendations for short term use. Furthermore, prescribing this medication on the basis of the potential insomnia following a surgical procedure is not appropriate. Therefore, the request for Ambien 10 mg oral prn hours of sleep #30 is not medically necessary.

Zofran 4mg bid prn for nausea #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 (updated 11/21/2014), Antiemetics (for Opioid Nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: The California MTUS/ACOEM Guidelines do not address the use of Zofran. However, the Official Disability Guidelines state that Zofran is not currently recommended for nausea and vomiting secondary to chronic opioid use but may be recommended for the acute use of treatment of nausea and/or vomiting associated with chemotherapy and radiation treatment or in the postoperative setting. Although this medication is being requested as congruent to a surgical procedure, the request as provided exceeds the treatment guidelines of acute use within the postoperative setting. Therefore, the request for Zofran 4 mg bid prn for nausea #30 is not medically necessary.