

<b>Case Number:</b>	CM15-0013820		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 36-year-old male, with a reported date of injury of 06/12/2011. The diagnoses include right knee pain and right knee meniscal tear. Treatments have included a transcutaneous electrical nerve stimulation (TENS) unit, oral pain medication, oral psychotropic medications, cortisone injection in the right knee, a knee brace, and right knee arthroscopy and meniscal tear in 2007. The medical report dated 12/01/2014 indicates that the injured worker reported ongoing severe throbbing right knee pain, and he rated the pain 9 out of 10. He reported 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications. The physical examination showed a very swollen right knee and disuse atrophy in the right thigh and calf. The treating physician requested Norco 10/325mg #240 as needed for breakthrough pain, and Ambien 10mg #30 as needed for insomnia due to pain. On 12/29/2014, Utilization Review (UR) denied the request for Ambien 10mg #30 and modified the request for Norco 10/325mg #240. The UR physician noted that there was no indication of sleep hygiene and the injured worker's history of depression and suicidal ideation may be magnified by the long-term use of Ambien; and the injured worker continued to report significant amounts of pain, which indicates that the pain was not being well controlled with the Norco. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ambien 10mg #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 (ODG), Pain (Chronic), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnoses are right knee pain with history prior arthroscopy for medial meniscal tear in 2007, excessive laxity and stability throughout the right knee; and severe depression and anxiety disorder. A progress note dated December 1, 2014 shows Ambien 10 mg was first prescribed. The documentation does not contain subjective complaints of insomnia or sleep difficulties. One month later Ambien was refilled. The guidelines do recommend Ambien for short-term (7 to 10 days) treatment of insomnia. The treating physician has clearly exceeded the recommended guidelines for Ambien use. Additionally, the documentation did not contain evidence of objective functional improvement (was Ambien working). Consequently, absent clinical documentation with objective functional improvement with continued Ambien use, Ambien 10 mg #30 is not medically necessary.

**1 prescription of Norco 10/325mg #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are right knee pain with history prior arthroscopy for medial meniscal tear in 2007, excessive laxity and stability throughout the right knee; and severe depression and anxiety disorder. The documentation indicates Norco was first prescribed in December 20 of 2012. The injured worker was taking Norco 10/325 one tablet four times a day. The documentation from a

May 2014 progress note shows Norco was increased to two tablets four times a day. In the December 20, 2012 progress note, the injured worker was taking Methadone 10mg concurrently with Norco 10/325 mg. The documentation does not show evidence of objective functional improvement as demonstrated by the doubling of the Norco dose. Consequently, absent clinical documentation with objective functional improvement with continued long-term Norco, Norco 10/325 mg #240 is not medically necessary.