

Case Number:	CM15-0016565		
Date Assigned:	02/04/2015	Date of Injury:	03/11/2008
Decision Date:	03/24/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male, who sustained an industrial injury on March 11, 2008. The diagnosis is lateral meniscus tear left knee. A progress note dated January 8, 2015 provides the injured worker has increased knee pain due to cold weather and has used his Norco more quickly than prescribed because of it. Pain is rated 7/10. He brought an approval for steroid injection of the knee. On January 22, 2015 utilization review modified a request for Norco 10/325mg #120, Zolpidem Tartrate 10mg #30 + 1 refill. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 78-80.

Decision rationale: Norco 10/325mg #120 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement and persistent high levels of pain therefore the request for Norco 10/325mg is not medically necessary.

Zolpidem Tartrate 10mg #30 + 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), Treatment Index, 13th Edition (web), 2015, Pain chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)-

Decision rationale: Zolpidem Tartrate 10mg #30 + 1 refill is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Zolpidem. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has been on Zolpidem significantly longer than the recommended time period by the MTUS. Furthermore, the request as written further exceeds this time frame. The ODG does not recommend this medication long term. The request for Zolpidem is not medically necessary.