

Case Number:	CM15-0017941		
Date Assigned:	02/05/2015	Date of Injury:	05/07/2011
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on September 12, 2009. He has reported left knee and back. The diagnoses have included right and left knee arthroscopy, osteoarthritis of the lower leg (knee, ankle), stress reaction, anxiety state, lumbar pain and lumbar radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of left knee and back pain. The injured worker reported an industrial injury in 2009, resulting in chronic right knee and back pain. On August 1, 2014, evaluation revealed continued left knee pain. Pain medications were renewed and surgical intervention of the left knee was requested. On August 21, 2014, evaluation revealed continued bilateral knee pain. It was noted the physician was not interested in moving forward with left knee surgery until the injured worker was able to state the right knee was stable with reduced pain. Pain medications were renewed. On September 4, 2014, the pain continued, a request for a steroid injection was made. On January 7, 2015, Utilization Review non-certified a requested hydrocodone, anaprox and Zolpiderm, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of requested hydrocodone, anaprox and Zolpiderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 30mg #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- Pain, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, insomnia medication

Decision rationale: Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for over 6 months. . The etiology of sleep disturbance was not defined or further evaluated. Long-term Zolpidem use is not recommended and has been shown to lead to premature death. Continued use of Zolpidem is not medically necessary.

Anaproxen DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was no indication of combined use with Norco. The pain level reduction with medication cannot be determined while in combination with Opioids. Continued use of Naproxen is not medically necessary.

Hydrocodone-apap 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco(Hydrocodone/APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. Pain tolerance on Tylenol alone or NSAID with opioid weaning was not attempted or documented. The continued use of Norco is not medically necessary.

