MAXIMUS Federal Services

Case Number:	CM15-0111204		
Date Assigned:	06/17/2015	Date of Injury:	02/10/2002
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 (IW) is a 50-year-old male who sustained an industrial injury on 02/10/2002. The worker experienced a fall of 12-16 feet striking his head and losing consciousness. The injured worker was diagnosed low back pain; lumbar/lumbosacral disc degeneration; lumbar radiculopathy; cervical pain; disc disorder cervical; knee pain; and esophageal reflux. Treatment to date has included chiropractic care, which gave mild relief, epidural lumbar injection, left knee surgery, physical therapy with mild relief, medications, which keep the pain at a tolerable level, and a daily exercise program, which provides him with mild pain relief. Currently, the injured worker complains of neck pain, low back pain, right shoulder pain, right wrist pain, bilateral hip pain, left knee pain, and bilateral foot pain rated a 7/10 with medications and 10/10 with medications. He also complains of periodic numbness to face and hands, which is worse at night. On exam, the cervical spine range of motion reveals decrease range of motion in all planes with pain at end range of cervical rotation. There is cervical facet loading pain but it did not reproduce his daily pain. Bilateral shoulder examination shows tenderness to palpation over the right posteriolateral shoulder. Hawkin's sign is positive on the right, Yergason's sign and Speed's test are negative bilaterally. There is decreased range of motion in all planes with exception of external rotation on the left shoulder, which is 90/90 degrees. Bilateral wrists reveal decreased range of motion in forward flexion, and extension on the right. The left wrist is without restriction. Edema is noted on the right wrist. Tinel's sign and Phalen's test are negative bilaterally. Examination of the lumbar spine reveals no tenderness to palpation over the paraspinals. There is pain and diminished range of motion with lumbar flexion, which is 30/60

degrees. Extension is 0/25 degrees, right lateral bend at 0/25, and right lateral bend and left lateral bend both at 025 degrees. The bilateral knees reveal 10 cm anterior scar and multiple export cars on left knee with tenderness to palpation over the patella, medial joint line, and lateral joint line of left knee. Edema and effusion are noted on the left knee and there is no crepitis. The left knee range of motion reveals flexion at 130/ 150, and extension of 10/0 degrees. Right knee range of motion is flexion of 50/150, and extension at 0/0. Current medications include Ambien, Cialis, Gabapentin, MS Contin, Norco, and Soma, The plan of care includes continuation of the above medications. Requests for authorization are made for: 1. Ambien 10mg #20, 2. Norco 10/325 #90, 3. Cialis 5mg #10, and 4 MS Contin 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health and Stress, Zolpidem (Ambien). (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Online, Pain Chapter, Ambien (Zolpidem).

Decision rationale: The patient presents with neck pain, lower backache, right shoulder pain, right wrist pain, bilateral hip pain, left knee pain and bilateral feet pain. The pain with medications is rated a 7/10 and 10/10 without. There are no new problems or side effects noted. Quality of sleep is poor. The patient is able to function and perform ADLs and home exercises with pain medications. The current request is for Ambien 10mg #20. The treating physician report dated 5/21/15 (600b) states, "Ambien 10mg tablet sig: take 1 at bedtime as needed for sleep disturbance." Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. In this case, the treating physician has prescribed a refill of Ambien for this patient. The patient has been using Ambien for longer than 2-6 weeks. The current request is not supported by the ODG guidelines. The current request is not medically necessary.

Norco 10/325 #90: Overturned

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 Opioids Page(s): s 74-96.

Decision rationale: The patient presents with neck pain, lower backache, right shoulder pain, right wrist pain, bilateral hip pain, left knee pain and bilateral feet pain. The pain with medications is rated a 7/10 and 10/10 without. There are no new problems or side effects noted. Quality of sleep is poor. The patient is able to function and perform ADLs and home exercises

with pain medications. The current request is for Norco 10/325 #90. The treating physician states, "Norco 10/325 tablet mg SIG: Take 1 three times a day as needed for breakthrough pain QTY 90." The MTUS on pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician has documented that the patient has 30% improvement with opioid medication with increased ability to perform ADLs and perform home exercises with no side effects or aberrant behaviors. The current request is medically necessary.