

<b>Case Number:</b>	CM15-0126785		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	11/29/2005
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Massachusetts

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 female with an industrial injury dated 11/29/2005. The injured worker's diagnoses include bilateral knee surgery and bilateral knee degenerative joint disease. Treatment consisted of diagnostic studies, prescribed medications, knee injections and periodic follow up visits. In a progress note dated 05/06/2015, the injured worker reported bilateral knee pain. Objective findings revealed no effusion, crepitus with knee range of motion, left greater than right, full strength of bilateral knees and stable bilateral knees. The treating physician prescribed Norco 5-325mg #90 and Zolpidem Tartrate 10mg #15 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 04/30/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for bilateral knee pain. Medications are referenced as decreasing activity related pain from 4-6/10 to 3-5/10. When seen, her BMI was over 34. There was crepitus with knee range of motion. She was having difficulty sleeping due to knee discomfort. Norco (hydrocodone /acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing a clinically significant decrease in pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Zolpidem Tartrate 10mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 04/30/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for bilateral knee pain. Medications are referenced as decreasing activity related pain from 4-6/10 to 3-5/10. When seen, her BMI was over 34. There was crepitus with knee range of motion. She was having difficulty sleeping due to knee discomfort. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant has difficulty sleeping due to pain which should be treated directly. Zolpidem was not medically necessary.