

Case Number:	CM15-0179620		
Date Assigned:	09/21/2015	Date of Injury:	06/21/2012
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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
 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 is a 54 year old male who sustained an industrial injury on 6-21-2012. A review of medical records indicated the injured worker is being treated for status post right knee arthroscopy with residual sprain strain, right hip strain and adductor strain, and left hip strain and adductor strain secondary to altered gait. Medical record dated 7-7-2015 noted right knee pain, right hip pain, and left hip-groin pain. Pain scales were unavailable. Medical records dated 5-21- 2015 rated knee pain a 6-7 out 10. Physical examination dated 7-7-2015 noted tenderness over the bilateral hips. Range of motion of the right hip showed flexion 105 degrees, extension 20 degrees, adduction is 20 degrees, abduction is 40 degrees, external rotation 25 degrees, and internal rotation 22 degrees. Left hip flexion was 85 degrees, extension was 20 degrees, abduction was 35 degrees, adduction was 20 degrees, and external rotation was 20 degrees. There was tenderness to palpation over the medial and lateral joint lines and peripatellar region. Flexion was 125 degrees and extension was 0 degrees. Treatment has included 6 visits of physical therapy, 6 injections without benefit, and medications (Tylenol and Sonata since at least 7-7-2015). MRI arthrogram of the right knee dated 8-7-2015 revealed blunted posterior horn of the medial meniscus with free edge fraying and mild fraying of the undersurface of the posterior horn and focal fissuring of the patellar articular cartilage at the junction of the median patellar ridge and lateral patellar facet. Utilization review form dated 9-1-2015 noncertified Tylenol #3 300-30mg # 60 and Sonata 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The current request is for Tylenol #3 300/30 MG #60. The RFA is dated 08/25/15. Treatment has included right knee surgery (2013), physical therapy, chiropractic treatments, 6 injections, and medications. The patient remains off work. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/19/15, the patient presents with chronic right knee, right hip and left groin pain. The patient rates the pain as 8- 9/10 without medications and 4-5/10 with medications. With medications, the patient reported being able to better perform ADL's including bathing, self-care and dressing, and improved participation in HEP. The patient was prescribed Tylenol #30 for his chronic pain and Sonata for failed behavioral techniques for improved sleep and has sleep difficulties. This is a request for refill of medications. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss aberrant behaviors. No UDS, CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. The request is not medically necessary and recommendation is for slow weaning.

Sonata 10 MG #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Zaleplon (Sonata).

Decision rationale: The current request is for Sontana 10 MG #30. The RFA is dated 08/25/15. Treatment has included right knee surgery (2013), physical therapy, chiropractic treatments, 6 injections, and medications. The patient remains off work. ODG guidelines, Mental Illness and Stress chapter, under Zaleplon (Sonata) states: "Reduces sleep latency Because of its short half-life (one hour), may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." Per report 08/19/15, the patient presents with chronic right knee, right hip and left groin pain. The patient rates the pain as 8-9/10 without medications and 4-5/10 with medications. With medications, the patient reported being able to better perform ADL's including bathing, self-care and dressing, and improved participation in HEP. The patient was prescribed Tylenol #30 for his chronic pain and Sonata for failed behavioral techniques for improved sleep and has sleep difficulties. This is a request for refill of medications. ODG recommends "Short-term use (7-10 days)." The request for additional quantity 30, in addition to prior use, would exceed guideline recommendations and does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.