

Case Number:	CM15-0061120		
Date Assigned:	04/07/2015	Date of Injury:	04/16/2012
Decision Date:	05/28/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/31/2015

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, Arizona
 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 59 year old male, who sustained an industrial injury on 4/16/2012. He reported tripping while walking down a staircase. The injured worker was diagnosed as having left lateral knee pain, lateral patellar tilt, gastritis with Ibuprofen/Norco, weight gain, and sleep disturbance due to pain. Treatment to date has included revision of diagnostics, physical therapy, and medications. Co-morbidities included bilateral knee replacements in 2010 and a revision of left total knee replacement in 2/2012. Currently, as of 1/12/15, the injured worker complains of bilateral knee pain, constant left knee pain, and midline low back pain with left lower extremity paresthesias. An Epworth Sleepiness Scale score of 12 was documented. Imaging results were referenced. Current medications included Norco, Ambien, Vicodin, and Motrin for pain management (since at least 8/2014). His height was 72 inches and his weight was 278 pounds. The treatment plan included medication refills, [REDACTED] weight loss program, and recheck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective pain relief and an objective improvement in function. The request as submitted failed to indicate the frequency and the quantity of the medication being requested. Given the above, the request for ibuprofen 800 mg is not medically necessary.

Hydrocodone 5/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The clinical documentation submitted for review failed to provide documentation of objective pain relief, an objective improvement in function, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone 5/325 mg, 120 count, is not medically necessary.

Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation of the efficacy for the requested medication. The documentation indicated the injured worker had gastritis with medications. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for omeprazole 20 mg is not medically necessary.

Zolpidem 10 mg: 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), Pain Chapter.

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

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7-10 days. The clinical documentation submitted for review failed to provide documentation of objective improvement in sleep quality and quantity. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for zolpidem 10 mg is not medically necessary.