

<b>Case Number:</b>	CM15-0067026		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 47-year-old male with an industrial injury dated June 30, 2009. The injured worker diagnoses include L5 pars fracture, incisional pain abdomen, left chronic L5 and S1 radiculopathy, status post L5-S1 anterior lumbar interbody fusion, chondromalacia of the left knee, symptomatic hardware L5- S1, status post L5-S1 posterior spinal instrumentation and fusion with Gill laminotomy on 12/21/2012, status post removal of hardware lumbar spine 2/12/2014, and status post left knee surgery. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 03/13/2015, the injured worker reported continued lower back pain, which radiates down the bilateral lower extremities, worse on the left than right. The injured worker also reported left knee pain, pain over the abdominal incision, and difficulty sleeping. Objective findings revealed tenderness over the abdominal incision, worse over the inferior aspect. The treating physician prescribed Ambien 10mg, Norco 10/325mg and physical therapy for left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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 (Chronic), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and- pain chapter and insomnia medications pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) 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 several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78, 80-81.

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

**Decision rationale:** Norco 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 a year with stable pain of 5/10 with medication since July 2014. There was no mention of failed Norco weaning or Tylenol failure. Long-term use of opioids is not recommended and not medically necessary.

**Physical therapy 2 times a week for 6 weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG= knee chapter- pg 56.

**Decision rationale:** According to the guidelines, physical therapy for the knee is recommended for up to 12 sessions over 12 weeks post meniscal, chondral defects and cartilage surgery. In this case, the claimant had knee surgery in 11/2014. The claimant had been performing home exerciss. Although the claimant still has some pain and reduced flexion, it is now 4 months post-

surgery as noted on 3/13/15. In addition, the claimant is able to perform exercises at home. The request for 12 sessions of therapy 4 months after surgery is not medically necessary.