

Case Number:	CM15-0067182		
Date Assigned:	04/14/2015	Date of Injury:	01/24/2004
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	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: Maryland

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

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 58-year-old female, who sustained an industrial injury on 1/24/04. She reported repetitive activity trauma. The injured worker was diagnosed as having chronic pain, status post lumbar artificial disc, status post fusion of lumbar spine, left ankle pain, left knee pain, gastroesophageal reflux disorder, status post left knee replacement and status post left femur ORIF. Treatment to date has included oral medications including opioids, physical therapy, acupuncture, lumbar epidural steroid injection and lumbar spine surgery. Currently, the injured worker complains of low back pain and pain in left knee accompanied by numbness. Physical exam noted lumbar tenderness on palpation in spinal vertebral area L4-S1 with moderately limited range of motion. The injured worker noted limited benefit from previous treatments. The treatment plan included a walker with rubber wheels and grooves and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 every 4 to 5hrs #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg 1 every 4 to 5hrs #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids (since 2008) without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.

Ambien 5mg #15: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Zolpidem (Ambien^{1/2}).

Decision rationale: Ambien 5mg #15 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has been on Ambien for at least over one year. The ODG does not recommend this medication long term. The request for continued Ambien is not medically necessary.

Walker for brakes, seat and large rubber wheels: 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), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg-Durable medical equipment (DME) and Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Walker for brakes, seat and large rubber wheels is not medically necessary per the ODG Guidelines. The MTUS does not specifically address this request. A walker is considered DME or durable medical equipment. The term DME is defined by the ODG by particular criteria including that this equipment is appropriate for use in a patient's home. The ODG does support a walker and state that disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The request asks for large rubber wheels which is not typical of a household walker and therefore does not fit the criteria of medically necessary DME. Therefore, this request for a walker for brakes, seat and large rubber wheels is not medically necessary.