

Case Number:	CM13-0010277		
Date Assigned:	11/08/2013	Date of Injury:	07/23/2007
Decision Date:	07/28/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker sustained an ankle injury when she twisted her ankle causing her to fall to the floor while at work on July 23, 2007. She was initially diagnosed with an ankle sprain/strain. A subsequent MRI revealed a tendon tear for which she had peroneus brevis reconstruction. She continued to have ankle pain. Her continued ankle pain has been attributed to hyperpronation syndrome and lateral impingement syndrome. She has received orthotic, physical therapy, and medications. In addition to the ankle pain she has also had ongoing low back pain and sleep difficulty secondary to pain. According to the primary treating physicians progress report for a visit on July 18, 2013 her diagnoses included pain in joint lower leg, pain in limb, spinal/lumbar DDD, and mood disorder. It was stated that the patient was stable on the current medication regimen that had not changed in greater than 6 months. Medications included Norco for pain, nabumetone for pain and inflammation, Flexeril for muscle spasm, omeprazole for heartburn secondary to pain regimen, Trazadone for sleep disturbance secondary to pain, Phenergan for nausea secondary to pain regimen, and Lidoderm patch for topical analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg 1-2 tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Stress and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Section on Mental Illness and Stress, Topic, Trazodone.

Decision rationale: Trazodone is recommended as an option for insomnia only for patients with coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence for its use for insomnia, but it may be an option in patients with coexisting depression. There is no indication for its use when the insomnia is secondary to pain. The record states that this worker was reporting poor sleep quality (after having been on Trazodone for several months) which would indicate the Trazodone was not effective. Furthermore it is not clear from the documentation what if any coexisting psychiatric symptoms were present to justify the use of Trazodone as a sleep agent.

Lidoderm 5% 1-2 Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after a trial of first line therapy including tricyclic antidepressants, SSRI's, or drugs such as gabapentin or Lyrica. There is no evidence that any of these first line medications were tried in this case. Furthermore topical lidocaine has only been FDA approved for post herpetic neuralgia and there is a lack of evidence to recommend it for other neuropathic conditions.

Norco (BRP) 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-88.

Decision rationale: Opioids for chronic back pain appear to be efficacious but limited for short-term pain relief. Long-term efficacy appears to be limited. The MTUS does not refer specifically to the use of opioids for ankle pain but does state that their use for compressive or mechanical etiologies is rarely beneficial. Opioid treatment for pain secondary to hyper-pronation syndrome and impingement syndrome as in this case, would not be expected to be beneficial. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain and functional improvement compared to baseline using a numerical or validated instrument. There is no documentation of this, therefore the prescription of Norco is not medically necessary.

Flexeril 7.5 MG (BRP) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Flexeril, an antispasmodic, may be beneficial for a short period of time for acute pain but is not recommended for more than 2-3 weeks. Given that this worker is experiencing chronic pain and not an acute exacerbation, Flexeril is not medically necessary.

Nabumetone 500MH (BRP) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Back Pain- Chronic Low Back Pain Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as nabumetome may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. Although the short-term use of nabumetome for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use is not appropriate.