

Case Number:	CM13-0028284		
Date Assigned:	03/14/2014	Date of Injury:	06/08/2009
Decision Date:	12/31/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 is a 58-year-old male with a work injury dated 06/08/2009. He states that he was walking when he caught his left foot and stumbled forward and almost fell injuring his left foot. He has not returned to work since the injury. The only record submitted for review is dated March 11, 2013. The provider notes that since that time the IW "apparently had some possibly physical therapy, and was given a lace up ankle brace." The IW reports minimal support and minimal benefit from the brace. Previous history included fusion of right foot. Current medications were Vicodin and naproxen. Physical exam of the left foot revealed mild swelling and pain with any attempted hind foot motion or ankle motion. Sensation and skin were normal with palpable pulses. "X-rays today show him to have advanced talonavicular arthritis with mild adduction deformity, mild calcaneocuboid arthritis and old fracture, navicular. Diagnosis was left hind foot arthritis probably posttraumatic. The IW was temporarily totally disabled. The provider recommended the IW use the lace up ankle brace he had at home and suggested a custom brace and possibly surgery however, the IW did not want to try either since he felt he did not have a good outcome from those treatments to his right foot. There are no submitted records of any prior treatments including the above listed physical therapy, brace and surgery. No x-ray reports were submitted. RFA was not submitted however utilization review documents a request for authorization for the following was received 08/15/2013: (1) Naproxen 550 mg # 100 bid (twice daily) (2) Omeprazole 20 mg bid (3) Tiaznidine 4 mg # 120 (4) Hydrocodone/APAP 10/325 # 60 (5) Tramadol ER 150 # 60 (6) Zolpidem 10 mg # 30. On 08/22/2014 utilization review issued the following decision referencing records from an exam on 07/25/2013. This record is not in the submitted records for Independent Medical Review. Naproxen 550 mg # 100 bid - non certified stating "there is no evidence of why over the counter NSAID would not be reasonably applicable." (1) Tizanidine 4 mg # 120 modified to # 60, (2) Hydrocodone/APAP 10/325 mg #

60 modified to # 30 and (3) Tramadol ER 150 mg # 60 modified to # 30 for the possibility of a weaning process stating there was no documentation of a maintained increase in function or decrease in pain with the use of these medications. Zolpidem 10 mg # 30 modified to # 15 for the possibility of a weaning process stating there was no documentation of any sleep disorders on exam. Omeprazole 20 mg # 100 - not medically necessary stating there was no evidence the patient was at a significantly increased risk for GI (gastrointestinal) upset/bleed. Guidelines referenced were California Medical Treatment Utilization Schedule (MTUS) 2009 for Naproxen, Tizanidine, Hydrocodone/APAP and Omeprazole. Official Disability Guidelines were referenced for Zolpidem. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550MG #100 BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Omeprazole 20MG BID #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Tizanidine 4MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for tizanidine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of acute pain or an acute exacerbation of chronic pain. Furthermore, there are no noted muscle spasms or another clear rationale for the use of this medication. In the absence of such documentation, the currently requested tizanidine is not medically necessary.

Hydrocodone/APAP 10/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for hydrocodone/APAP, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that opioids are improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of opioids. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.

Tramadol ER 150MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side

effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that opioids are improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of opioids. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.

Zolpiden 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no description of the patient's insomnia and no statement indicating what behavioral treatments have been attempted to treat it. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.