

Case Number:	CM13-0046364		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2002
Decision Date:	03/13/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

The patient is a 45-year-old female, with date of injury 10-01-2002. The diagnoses reported in the progress reports dated 08-02-13, 08-27-13, 09-10-13, 09-30-13 by the provider included: cervical radiculopathy, neck pain, left shoulder impingement syndrome, left shoulder pain, right ankle and foot pain, right ankle and foot internal derangement, status post right ankle surgery x2, bilateral knee pain, bilateral knee internal derangement, chronic pain syndrome, tension headaches, myofascial pain, neuropathic pain, and depression. The progress report dated 08-02-13 by the provider documented subjective complaints of pain 7.5/10 with medications. The patient reported benefit with Celexa. Objective findings presented vital signs, but no physical examination. The treatment plan included Celexa 20 mg daily, Vicodin ES 7.5/750 prn #60, Skelaxin, Sintralyne, Compazine 10 mg prn nausea, ketamine ointment, protonix, and psychiatric consultation for medication management. The progress Report dated 08-27-13 by the provicer documented subjective complaints of pain 7-8/10 with medications. The patient complained of back pain, left shoulder pain, right foot and leg pain, bilateral knee pain, muscle cramps, and difficulty sleeping. Objective findings presented vital signs, but no physical examination. The treatment plan included Celexa 20 mg daily, Vicodin ES 7.5/750 prn #60, Skelaxin, Sintralyne, Compazine 10 mg prn nausea, Ketamine ointment, Protonix, and Trazodone. The progress report dated 09-10-13 documented subjective complaints of pain 7-8/10 with medications. The patient complained of left shoulder pain, bilateral knee pain, right ankle pain, upper/mid back pain, mild nausea, and dizziness. Objective findings presented vital signs, but no physical examination. The treatment plan included Celexa 20 mg daily, Vicodin ES 7.5/750 prn #60, Skelaxin, Sintralyne, Compazine 10 mg prn nausea, Ketamine ointment, and Protonix. The progress report dated 09-30-13 by the provider documented subjective complaints of pain 8/10 with medications. Pain was 10/10 without medications. The patient stated that she woke up

Friday September 27 with pain that was stronger and different than her usual. She complained of severe right ankle pain and was using a cane. She stated that the right ankle had been very swollen and very sensitive. She had difficulty putting any pressure on the right ankle. Most of the pain was on the top of the ankle and foot. She also had pain on the bottom of her foot. She complained of low back pain radiating down both legs, and left shoulder pain. Objective findings presented vital signs. Physical examination demonstrated diffuse severe hypersensitivity and tenderness to palpation over the anterior aspect of the right ankle and foot, at the foot and ankle junction. There was increased hypersensitivity of the sole of the right foot diffusely. Range of motion was extremely restricted with flexion and extension causing severe pain. Gait was antalgic with favoring the right. The patient was unable to put pressure on the right foot or stand without assistance. (Physical examination of the back and left shoulder were not documented.) From the physician's assessment on 09-30-13: the patient had multiple pain generators and had been relatively stable as of late until recently when she woke up with intense pain in the right ankle and foot area, for no apparent reason. The treatment plan included Celexa 20 mg daily, Vicodin ES 7.5/750 prn #60, Skelaxin, Sintralyne, Compazine 10 mg prn nausea, Protonix, MRI right foot and ankle as soon as possible, and start Prednisone 10 mg bid for inflammation pain #45. Utilization review dated 10-11-13 by [REDACTED] recommended certification of the request for Celexa. [REDACTED] recommended non-certification of the request for Vicodin ES 7.5/750 #60 and recommended modification to reduced quantity #45. [REDACTED] recommended Non-Certification of the requ

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750mg #60: Overturned

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 Page(s): 88-89.

Decision rationale: The MTUS guidelines criteria for use of opioids for long-term users of opioids are as followed: strategy for maintenance: (a) Do not attempt to lower the dose if it is working. (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. (c) The standard increase in dose is 50 to 100% for severe pain. The clinical domentation submitted for review documented prescriptions for Vicodin ES 7.5/750 #60. The clinical notes also reported that the patient's pain had been relatively stable until the patient woke up on Friday 09-27-13 with intense pain in the right ankle and foot. The patient complained of acute flare-up of right ankle and foot pain. The physical examination demonstrated severe tenderness, extremely restricted range of motion, antalgic gait. The progress report also documented increase in pain to severe levels and significant physical examination findings. Upon review of medical records and MTUS guidelines support maintenance of Vicodin ES 7.5/750 dose and quantity.

Sintralyne PM #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Guidelines:
www.ncbi.nlm.nih.gov/PubMed

Decision rationale: Sintralyne is not mentioned or discussed in the Medical treatment utilization schedule (MTUS), Chronic Pain Medical Treatment Guidelines, American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition 2004, Official Disability Guidelines (ODG), or Occupational medicine practice guidelines (ACOEM) 3rd edition 2011. No results were found for Sintralyne in Guideline.gov and Ncbi.nlm.nih.gov/PubMed. The search for Sintralyne with the web search engines Google.com and Bing.com generated limited results with no information on the composition of Sintralyne or the manufacturer. There is no information could be found on Sintralyne, it's composition, or it's manufacturer. Thus Sintralyne, an unknown entity, cannot be recommended. Therefore, the request for Sintralyne is not medically necessary.

Compazine 10mg #90: 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)

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).

Decision rationale: The MTUS guidelines do not mention or discuss Compazine (prochlorperazine) or the use of Antiemetics. The Official Disability Guidelines (ODG) states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use per FDA (Food and Drug Administration)-approved indications and have limited application for long-term use. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The FDA approved indication for Compazine (prochlorperazine) for control of severe nausea and vomiting. The clinical documentation submitted for review noted only one complaint of mild nausea. There is no documentation of acute severe nausea and vomiting. Thus the the medical necessity of Compazine is not supported.

Prednisone 10mg #45: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-396. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), and FDA (Food and Drug Administration).

Decision rationale: The MTUS guidelines do not discuss Prednisone. The American College of Occupational and Environmental Medicine (ACOEM) does not discuss Prednisone or oral corticosteroids for the management of ankle and foot conditions. The Official Disability Guidelines (ODG) does not discuss Prednisone or oral corticosteroids for the management of ankle and foot conditions. The FDA's (Food and Drug Administration) prescribing information for Prednisone warns that adrenocortical insufficiency may result from too rapid withdrawal of corticosteroids and may be minimized by gradual reduction of dosage. The patients who are on corticosteroids are more susceptible to infections. The progress report dated 09-30-13 by the provider documented acute severe right ankle pain and restricted range of motion "for no apparent reason." There is no definitive diagnosis documented. The patient had acute monoarthritis. The patient is status post two right ankle surgeries. Prior joint surgery is a risk factor for septic arthritis. Potential septic arthritis would make Prednisone contraindicated. Due to the potential adrenocortical insufficiency adverse event, the FDA recommends gradual reduction of dosage. The request is for Prednisone 10 mg BID for 22.5 days, There is no documentation of the schedule for gradual reduction of dosage. Thus the requested dosage regimen is not recommended.

1 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS guidelines'criteria for use of Opioids state that actions should include the use of drug screening with patients with issues of poor pain control. The progress report dated 09-30-13 reported that the patient's pain had been relatively stable until the patient woke up on Friday 09-27-13 with intense pain in the right ankle and foot. The patient complained of acute flare-up of right ankle and foot pain. Physical examination demonstrated severe tenderness, extremely restricted range of motion, antalgic gait. The progress report 09-30-13 documented increase in pain to severe levels and significant physical examination findings. The patient has poor pain control. Per MTUS, poor pain control supports the medical necessity of urine drug screen. Therefore, the request for urine drug screen is medically necessary