

Case Number:	CM13-0049299		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2002
Decision Date:	07/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/07/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a man with a date of injury of 2/10/02. He was seen by his physician on 9/26/13. He complained of burning in his feet and pain shooting down his legs. He also had a 14lb weight gain. He was said to be doing stretches and going on walks. He had access to a back and knee brace and a TENS unit. He also had 'issues with sleep and depression and stress'. His physical exam showed a blood pressure of 140/94 and pulse of 93. His back range of motion was 'limited'. He had a straight leg raise to 80 degrees with pain and tenderness along the knee with 160 degrees of extension and 80 degrees of flexion. His diagnoses included internal derangement of the left knee status post operative arthroscopy with ACL shrinkage and meniscectomy, discogenic lumbar condition with facet inflammation and neuropathy, GI irritation, depression, weight gain and hypertension. At issue in this review is the request for an MRI of the left knee and multiple medications, some of which have been prescribed since 2011-2012. At issue are Ambien, Cialis, Vicodin, Soma, Terocin patches and Lidopro.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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 (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: zolpidem drug information and treatment of insomnia.

Decision rationale: Ambien or Zolpidem is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for Ambien.

1 prescription of Cialis 5mg #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 Other Medical Treatment Guideline or Medical Evidence: Cialis American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

Decision rationale: This injured worker has a diagnosis of hypogonadism and erectile dysfunction (ED) secondary to chronic opiate use. Cialis is a phosphodiesterase Type 5 inhibitor and is a first line treatment for ED. However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though Cialis is medically indicated in erectile dysfunction, this worker has no diagnosis of ED and there is no discussion documented of sexual dysfunction. The records do not support the medical necessity of Cialis.

Vicodin 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/26/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opiods for

chronic back pain is unclear but appears limited. The Vicodin is denied as not medically necessary.

Soma #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/26/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Muscle spasm is also not documented. The records do not support medical necessity for Soma.

Terocin Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: Topical Lidocaine is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This injured worker has chronic back pain. He receives multiple topical medications for this pain and it is not documented which medications are effective for his pain. The medical records do not support medical necessity for the prescription of Terocin in this injured worker.

One prescription of Lidopro cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding capsaicin, it is recommended only

as an option in patients who have not responded to or are intolerant to other treatments. Lidocaine is also in Lidopro and this would be duplicate therapy with a Terocin patch. The records do not provide clinical evidence to support medical necessity for Lidopro cream.

1 MRI of the knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the left knee. The records document a physical exam with reduction in range of motion but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the left knee is not medically indicated.