

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0049398 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/25/1989 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic right shoulder, knee, and low back pain reportedly associated with cumulative trauma at work, first claimed on May 25, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; multiple prior shoulder surgeries; multiple prior knee surgeries; a right total knee arthroplasty on August 29, 2013; normal EMG testing of the bilateral lower extremities of October 24, 2011; and various opioid agents. In a utilization review report of October 23, 2013, the claims administrator certified a chemistry panel, partially certified a request for Lorcet and Ambien for weaning purposes, and denied a request for Daypro and capsaicin. The applicant's attorney subsequently appealed. The most recent clinical progress note on file appears to be the operative report of August 29, 2013, in which the applicant undergoes a total knee arthroplasty. The applicant is described as disabled. His past medical history includes coronary artery disease, diabetes, renal cell carcinoma, hypertension, dyslipidemia, depression, anxiety, and hypothyroidism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorcet 10/650mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioids such as Lorcet are indicated for breakthrough pain. In this case, the applicant had recently underwent surgery on August 29, 2013, approximately six weeks prior to the utilization review report of August 23, 2013. Continued usage of a short acting opioid, Lorcet, was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified. It is noted that, strictly speaking, that this case should be deemed postsurgical case as opposed to a chronic pain case. Nevertheless, MTUS 9792.23.b.2 does state that the postsurgical guidelines for physical medicine shall apply together with any other applicable treatment guidelines found within the MTUS during the perioperative window. Therefore, page 75 of the MTUS Chronic Pain Medical Treatment Guidelines was selected, although this is not, strictly speaking, a chronic pain case as of the date of the utilization review report.

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), Treatment in Workers Compensation, 5th. Edition

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG chronic pain chapter, zolpidem topic, zolpidem or Ambien is approved for the short-term treatment of insomnia, typically on the order of two to six weeks. Ambien or zolpidem is not recommended on the chronic, long-term, and/or scheduled basis for which it is being proposed here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Daypro 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Daypro is an NSAID. As noted on the page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Daypro do represent a traditional first line of treatment for various chronic pain conditions and, by implication, were an appropriate selection during the postoperative window, which was still enforced as of the date of

the utilization review report of October 23, 2013. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review. Again, as with the request for Lorcet, MTUS 9792.23.b.2 does state that the postsurgical treatment guidelines shall apply together with any other treatment guidelines found within the MTUS during the postsurgical treatment window.

Capsaicin cream 60mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in those applicants who have not responded to and/or are intolerant to other treatments. In this case, however, the applicant is using several other first line oral pharmaceuticals, two of which have been certified through this independent medical review report, namely Lorcet and Daypro. These effectively obviate the need for usage of topical agents such as capsaicin. Accordingly, the request remains non-certified, on independent medical review. ↑