MAXIMUS Federal Services

Case Number:	CM13-0057276		
Date Assigned:	12/30/2013	Date of Injury:	04/02/1991
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation 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 48 year old male who was injured on 04/02/1999 while working in the oilfields when his right ankle was crushed. He attempted to work for several years with pain; however, it became unbearable. His physicians determined that he had sympathetic atrophy that was not only through his leg but now both legs up to his hip and even in his right baby and ring finger. Prior treatment history has included somewhere in 1993 through 1994, he was given a morphine pump. He went to [redacted] to detox from the Opioid. Operative report dated 05/26/2010 revealed insertion of AMS inflatable penile prosthesis, 19.5 cm in length and placement of indwelling Foley catheter, typically using coude Foley after lidocaine anesthesia. Operative report dated 02/02/2012 revealed a midline incision to decompress periappendiceal cystic mass and culture and prevesical exploration, identification of reservoir and uprooting it with electrocoagulation, cycling, penile prosthesis, placement of Jackson Pratt drain. Diagnostic studies reviewed include CT of the abdomen and pelvis with and without contrast revealed suspect arteriosclerotic calcifications involving the coronary arteries, old pulmonary granulomatous disease, posterior disk protrusions, foraminal stenosis, and suspected impingement of the L5 nerve roots at the L5-S1 neural canals and negative for definable abscess collection. Drug screen performed 06/07/2013 revealed drug confirm detected; inconsistent with prescription therapy; tri-cyclic antidepressants reported as preliminary positive and confirmed detected by GC/MS. Inconsistent with prescription therapy: cyclobenzaprine detected by GC/MS. Drug screen performed 08/08/2013 revealed consistent with prescription therapy: tri-cyclic antidepressants reported as preliminary positive and amitriptyline/nortriptyline confirmed detected by GC/MS. Amitriptyline/nortriptyline reported as prescribed. Drug screen performed 10/15/2013 revealed tri-cyclic antidepressants reported as preliminary positive and amitriptyline/nortriptyline confirmed detected b GC/MS. Amitriptyline/nortriptyline reported as

prescribed. PR-2 report dated 02/23/2012 documented pain score was 8/10 today, and has averaged 7-8/10 over the last week. Medications: 02/23/2012, Lasix 20 mg 1 p.o. q. day p.r.n. He has not had to use this medication at all for several weeks. 02/23/2012, Glucosamine chondroitin 2 p.o. q. am and 1 p.o. q. pm for joint pain#90 02/23/2012, Lunesta 3 mg at bedtime p.r.n insomnia #30 PR-2 report dated 03/092012 documented pain score was 6/10 and had averaged 7/10 over the last week. Medications: 03/19/2012, Lasix 20 mg 1 p.o. q. day p.r.n. He has not had to use this medication at all for several weeks. 03/09/2012, Glucosamine chondroitin 2 p.o. q. am and 1 p.o. q. pm for joint pain#90 03/09/2012, Cymbalta 60 mg twice per day #60 03/09/2012, Elavil 150 mg at bedtime for insomnia #30 03/09/2012, Lunesta 3 mg at bedtime p.r.n insomnia #30 03/09/2012, Anaprox 550 mg 1 p.o. b.i.d. #60 PR-2 report dated 04/23/2012, medications: 04/23/2012, Lasix 20 mg 1 p.o. q. day p.r.n. He has not had to use this medication at all for several weeks. 04/23/2012, Glucosamine chondroitin 2 p.o. q. am and 1 p.o. q. pm for joint pain#90 04/23/2012, Clonazepam 1 mg t.i.d. p.r.n. spasm #30 04/23/2012, Cymbalta 60 mg twice per day #60 04/23/2012, Elavil 150 mg at bedtime for insomnia and pain #90 04/23/2012, Lunesta 3 mg at bedtime p.r.n insomnia #30 04/23/2012, Anaprox 550 mg 1 p.o. b.i.d. #60 PR-2 report dated 05/11/2012 revealed QOL scale: without medications 10/10; with medications 6/10. Medications: 05/11/2012, Lasix 20 mg 1 p.o. q. day p.r.n. He has not had to use this medication at all for several weeks. 05/11/2012, Glucosamine chondroitin 2 p.o. q. am and 1 p.o. q. pm for joint pain#90 05/11/2012, Clonazepam 1 mg t.i.d. p.r.n. spasm #30 05/11/2012, Cymbalta 60 mg twice per day #60 05/11/2012, Elavil

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg: 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 Naproxen Page(s): 59-60. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 16: NSAIDs and COX-2 Selective Inhibitors, pages 141-158

Decision rationale: Per the CA MTUS, NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient is documented to have moderate to severe pain throughout the medical reports. Further, he is unable to take narcotics due to past issues, therefore, the request for NSAIDs should be approved.

Elavil 150mg: 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 Antidepressants Page(s): 15. Decision based on Non-MTUS Citation Essentials of Pain

Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 14: Psychopharmacology for Pain Medicine, pages 124-133

Decision rationale: Per CA MTUS, antidepressants for chronic pain are recommended as a first line option and tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The patient is documented to have been taking this medication without any significant changes in his condition since the first documented prescription date in March 2012.

Glucosamine Chondroitin 400mg: 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 Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Physical Medicine & Rehabilitation, 3rd Edition, 2007. Chapter 40: Musculoskeletal Problems of the Lower Limb, pages 855-882

Decision rationale: The Physician Reviewer's decision rationale: Per CA MTUS, it is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is no documentation in the records that the patient has any form of arthritis. Therefore the request is non-certified.

Lunesta 3mg: 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), Pain, Insomnia Treatment

Decision rationale: The Physician Reviewer's decision rationale: According to the ODG, treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. No documentation was provided for these goals of this medication and therefore the request is not certified.