MAXIMUS Federal Services

Case Number:	CM13-0063574		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2012
Decision Date:	03/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 54 year-old male who was injured on 1/10/12 when a truck ran over his left foot. According to the 11/20/13 report, the diagnoses include: s/p trauma. Probable nonunion medial malleolar fracture; s/p I&D; left-side foot drop; CRPS. He presents with left foot pain and continued use of a wheelchair and is anticipating an SCS trial for CRPS. The treatment plan was to continue medications with Norco, Anaprox, Prilosec, Ativan, Neurontin, Restoril and Laxacin and Genocin. On 11/25/13 UR denied the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Norco. The medical records have been reviewed including the reports from [redacted]

[redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco, MTUS does not recommend continuing treatment if there is not a satisfactory response.

Anaprox DS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 22.

Decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Norco. The medical records have been reviewed including the reports from [redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications. â¿¿ MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Anaprox DS, MTUS does not recommend continuing treatment if there is not a satisfactory response.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

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

Decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Prilosec. The medical records have been reviewed including the reports from [redacted]

[redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications. There is no discussion of the MTUS risk factors for GI events, and no discussion of GERD. The patient is not reported to have GERD, or any of the MTUS risk factors for GI events that would be an indication for use of a PPI such as Prilosec. Based on the available information, the request does not appear to be in accordance with MTUS guidelines.

Ativan 1 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Ativan. The medical records have been reviewed including the reports from [redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications The records show the patient has been prescribed Ativan on 11/16/13 and 11/20/13. MTUS guidelines for benzodiazepines, states they are not recommended for over 4-weeks. The continued use of Ativan will exceed MTUS recommended limit.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9; 16-18.

Decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Neurontin. The medical records have been reviewed including the reports from [redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications. MTUS states: "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." There is no indication that the gabapentin has provided a 30% reduction in pain. Continued use of Neurontin without a moderate response, is not in accordance with MTUS guidelines.

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Restoril. The medical records have been reviewed including the reports from [redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications. MTUS states benzodiazepines are not recommended longer than 4-weeks. The records show Restoril was prescribed on 10/16/13 and on 11/20/13. The continued use of Restoril over 4-weeks will exceed the MTUS limitations.

Laxacin #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Laxacin. The medical records have been reviewed including the reports from [redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications. The patient was reported to be using Norco, and MTUS states when starting opioids, prophylactic treatment of constipation should begin. Laxacin should have been allowed when the patient was taking opioids.

Genocin 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, pg. 24, 2010 Revision, Web Edition and Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with left foot pain. I have been asked to review for necessity of Genocin. The medical records have been

reviewed including the reports from [redacted] dated 1/2/14, 11/20/13, 10/16/13, 9/04/13, 7/24/13 and 4/24/13; the 10/3/13 report from [redacted]; and the 1/8/13 report from [redacted]. None of the medical reports discuss efficacy of any of the medications. None of the reports discuss what Genocin is. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Genocin, MTUS does not recommend continuing treatment if there is not a satisfactory response.