MAXIMUS Federal Services

| Case Number: | CM14-0018184 | | |
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| Date Assigned: | 04/21/2014 | Date of Injury: | 05/16/2013 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/13/2014 |

## 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 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 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 patient is an employee of [redacted] and has submitted a claim for fibromyalgia, right ankle sprain, lumbar disc bulge, plantar fasciitis, and adjustment disorder with anxiety and depressed mood associated with an industrial injury date of 05/16/2013. Treatment to date has included a steroid injection at the right ankle; left L3, L4, L5 dorsal medial branch block on 10/18/2013, foot orthotics, physical therapy, and medications such as Tramadol, Lexapro, Elavil, and Pravastatin. Medical records from 2013 to 2014 were reviewed showing that the patient complained of chronic low back and right foot pain associated with a burning sensation at the volar aspect of the foot. Right foot pain was worse during her first step out of bed in the morning and standing after prolonged sitting. Pain was graded 8/10 in severity and relieved to 7/10 upon intake of medications. She reported to be more active even with a decreased intake of Tramadol. She reported episodes of waking up frequently throughout the night. Physical examination showed tenderness at the lumbar spine, left iliac crest, left greater trochanter; and medial tubercle of the calcaneal tuberosity, anterolateral ankle, and sinus tarsi of right foot. Range of motion of both feet was within normal limits. Lumbar spine range of motion was decreased towards right lateral bending at 20 degrees compared to the left. Motor strength was normal. Sensation was intact. Gait was normal. An MRI of the right ankle, dated 06/25/2013, revealed thickening of plantar fascia with plantar calcaneal encephalopathy seen in the setting of plantar fasciitis, scarring of the anterior talofibular ligament, mild tendinosis and encephalopathy of Achilles tendon, prominent fat pad along the medial border of the plantar aspect of the foot. EMG of bilateral upper extremities, dated 08/01/2013, was normal. An MRI of the lumbar spine, dated 09/13/2013, revealed mild disc bulge at L4-L5 with facet arthritic changes. A utilization review from 02/10/2014 denied the requests for Lexapro 10mg, 2 tabs a day due to lack of documentation that the patient has depressive disorder; Elavil 10mg, 1 to 2 tabs at bedtime

because of absence of neuropathy and lack of medical necessity for sleep aid; Pravasatin because internal organs were not accepted body parts; Psych treatment because of absence of an indication; and Podiatry consult because a previous referral was already certified on 12/3/2013. The same utilization review partially certified the request for Ultracet 37.5/325mg, three to four times a day, Qty: 120 into Ultracet 37.5/325mg, three to four times a day, Qty: 70 due to lack of evidence that it provided benefit; and Ambien 5mg at bedtime as needed, Qty: 30 into Ambien 5mg at bedtime as needed, Qty: 10 because this is not recommended for long-term use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRACET 37.5/325MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 75, 113.

**Decision rationale:** As stated on page 75 of the MTUS Chronic Pain Guidelines, central acting analgesics are an emerging fourth class of opiates that may be used to treat chronic pain. Tramadol is reported to be effective in managing neuropathic pain. In this case, the earliest progress report stating the patient's usage of tramadol was written on September 2013. Per the Guidelines, opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. There is no evidence that this medication provided significant functional gains and pain relief since she only reported a decrease in pain from 8/10 to 7/10 upon intake of medications. Therefore, the request for Ultracet 37.5/325mg, #120 is not medically necessary.

**LEXAPRO 10MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, WORK LOSS DATA INSTITUTE. TREATMENT IN WORKERS COMPENSATION, 7TH EDITION, TREATMENT INDEX; APPENDIX A, COMPENSATION DRUG FORMULARY, ANTIDEPRESSANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13, 16.

**Decision rationale:** As stated on pages 13 and 16 of the MTUS Chronic Pain Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Escitalopram (Lexapro) is a selective serotonin reuptake inhibitor (SSRI) which is considered controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In this case, the earliest progress report stating the patient's usage of Lexapro is dated

September 2013. She reported that it was significantly helpful. The patient is likewise a diagnosed case of adjustment disorder with anxiety and depressed mood. However, medical records submitted and reviewed do not indicate any subjective or objective findings supporting this impression. Therefore, the request is not medically necessary.

**ELAVIL 10MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

**Decision rationale:** As stated on page 14 of CA MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants are recommended as a first-line option for neuropathic pain accompanied by insomnia, anxiety, or depression. In this case, the earliest progress report stating the patient's usage of Elavil is dated July 2013. She is likewise a diagnosed case of adjustment disorder with anxiety and depressed mood; and also complained of sleeping difficulty. However, medical records submitted and reviewed do not indicate any subjective or objective findings supporting the impression of anxiety / depressive disorder. In addition, patient's symptoms do not reflect a neuropathic type of pain. The guideline criteria for use of tricyclic antidepressants have not been met. Therefore, the request for Elavil 10mg, #60 is not medically necessary.

**AMBIEN 5MG #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, TREATMENT INDEX, 6TH EDITION (WEB) 2008- PAIN.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ZOLPIDEM SECTION.

**Decision rationale:** The Official Disability Guidelines states that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, the patient started to take Ambien since December 2013. She reported that it was helpful, however, she discontinued intake of Ambien in 02/25/2014 since she was given an unspecified machine that helped her with sleep. This drug is not approved for long-term use. Furthermore, there is no comprehensive discussion of patient's sleep hygiene. Therefore, the request for Ambien 5mg, #30 is not medically necessary.

**PRAVASATIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM.

**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: Aetna 2013 Preventive Medication List.

**Decision rationale:** As stated on Aetna 2013 Preventive Medications List, Pravastatin is an antihyperlipidemic (high cholesterol) medication. In this case, the earliest progress report stating the use of Pravastatin is dated July 2013. There are no laboratory results included in the medical records submitted indicating the presence of high cholesterol. Furthermore, the association between hyperlipidemia and the industrial injury is not clear. The dosage and frequency of intake is likewise not specified. Therefore, the request for Pravastatin is not medically necessary.

**1 PSYCH TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127.

**Decision rationale:** The ACOEM Guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. In this case, the patient is a diagnosed case of adjustment disorder with anxiety and depressed mood and currently being prescribed with escitalopram and amitriptyline. However, medical records submitted and reviewed do not indicate any subjective or objective findings supporting the impression of depressive / anxiety disorder. Furthermore, a progress report written on 01/29/2014 indicates that patient was already authorized for some psychotherapy. However, there is no official documentation from this consult. It is unclear if the patient was already seen by the specialist or if she requires additional consultation visits. Therefore, the request for 1 psych treatment is not medically necessary.

**1 PODIATRY CONSULT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7, PAGE 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127.

**Decision rationale:** The ACOEM Guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent

residual loss and/or examinee's fitness to return to work. In this case, the patient has been complaining of persistent right foot pain with burning sensation at the volar aspect associated with tenderness. An MRI of the right ankle dated 06/25/2013 revealed thickening of plantar fascia with scarring of the anterior talofibular ligament. The patient already had a podiatry consult on 02/27/2014; and was diagnosed with plantar fasciitis. She was prescribed with foot orthotics which was reported to be helpful. Therefore, the request for 1 podiatry consult is medically necessary.