

Case Number:	CM14-0124263		
Date Assigned:	08/08/2014	Date of Injury:	09/11/2007
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 9/11/07. The diagnoses include ankle pain, possible rheumatoid condition, neuroma of the left foot, and is status post reconstructive ligament surgery of the left ankle. Under consideration is a prospective request for 60 Prilosec 20mg, 120 Norco 10/325mg, 30 Ambien 5mg and 1 urine screen all performed on 6/30/2014. There is a primary treating physician report dated 6/30/14 that states that the patient complains of left ankle pain. She returns today for follow-up regarding her left ankle pain. She rates her pain at 7-8/10 on a scale of 1 to 10 and constant with radiating pain into the knee and toes. The pain is the same since her last visit. The pain is made better with rest and medication. Her current medications include Norco, Ambien and Prilosec. She needs refill for all the medications today. The Ambien is working well to help with her insomnia. Prilosec is working well to help with her medication induced symptoms of GERD, The pain is made worse with therapy, creams, weather and activities. On examination of tile left ankle revealed skin that was intact. There was evidence of healed surgical incision. There was tenderness to palpation. There was full dorsiflexion and plantar flexion. Range of motion for tile inversion and eversion was 0 degrees. Neurovascular status was intact distally. Gait analysis revealed antalgic gait pattern. The plan includes the patient will get a refill for the medication to include Norco, Ambien, and Prilosec. There is a request for authorization for urine toxicology screen to monitor the patient's compliance with the Norco. The patient will use a cane for ambulation. She also uses the cam boot to avoid exacerbation of left ankle pain with long distance walking. The patient will remain temporarily totally disabled and will follow up in four weeks for re-examination. Per documentation prior requests for 1 prescription for Norco 10/325mg, #120 was modified for weaning purposes to a certification of 1 prescription Norco 10/ 325mg #68 in Review #417561

on 4/2/ 2014 and the request for 120 Norco 10/325 was modified to a certification of 90 Norco 10/325 in Review #408425 on 1/16/2014. Due to lack of evidence of measurable functional improvement, despite long-term Norco use since 2008. Additionally, the patient remained symptomatic and continued on temporary total disability. Additionally the patient has a long-term history of regular Ambien use since 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Norco 10/325 #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree since her starting use of opioids in 2008. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Norco 10/325 #120 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per MTUS guidelines Prilosec is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The documentation does indicate that the patient has medication induced dyspepsia. As the patient's medications of Norco and Ambien were not recommended as certified the request for Prilosec 20mg #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: Pain (Acute & Chronic) Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness & Stress:Zolpidem.

Decision rationale: The MTUS guidelines do not discuss insomnia treatment. The ODG states that Ambien is not recommended for long-term use, but recommended for short-term use (usually two to six weeks). The documentation indicates the patient has been using Ambien since 2008. Without evidence of efficacy and the guideline recommendations for short term use (after non pharmacologic sleep hygiene has been attempted) the continued use of Ambien is inappropriate. The request for Ambien 5 mg #30 is not medically necessary.

1 Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The request was written as a prospective request. As the recommendation was to discontinue opioids the request for 1 urine drug screen is not medically necessary.