MAXIMUS Federal Services

Case Number:	CM14-0134056		
Date Assigned:	08/27/2014	Date of Injury:	02/02/1976
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/19/2014

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 Illinois. 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:

This injured worker is a male who was injured on February 2, 1976, which resulted in 5-6/10 low back pain, neck pain, left hip and right shoulder pain with medications and 7-8/10 without medications. He had right shoulder arthroscopy, bilateral total hip replacements, lumbar laminectomy, and cervical discectomy. He also has a history of sleep apnea, ulcers, sinus problems and coronary artery disease. His medications included Vicodin, Valium, Percocet, motrin, senna, Colace, and AndroGel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%/Lidocaine 5%/Neurotin6%/Clondine0.2% QTY: 2, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This injured worker has diffused musculoskeletal tenderness and pain; however, there is no explanation of indications for this topical analgesic, nor is there documentation of functional relief with its past use. Per Medical Treatment Utilization Guidelines, if one drug (or drug class) in the compounded product is not recommended, then the

entire compound is not recommended. The medication- compound (Ketamine 10%/Lidocaine 5%/Neurontin6%/Clondine0.2%) is therefore not medically necessary or appropriate.

Percocet 10/325mg, QTY: 45 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Short-Acting Opioids, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Management) Page(s): 78; 92.

Decision rationale: Percocet is oxycodone and acetaminophen combination. This worker has diffused musculoskeletal pain which is rated as 5-6/10 with medications and 7-8/10 without medications. This is minimal improvement at best. There is no mention of the worker's functional improvement, his ability to perform activities of daily living, his return to work, or his decrease in other medications due to relief with this medication. Per the Medical Treatment Utilization Schedule under opioids on-going management, actions should include: ongoing review and documentation of pain relief, functional status, 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. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available.The documentation provided on this worker states the worker had 5-6/10 pain with medications and 7-8/10 without medications. However, none of the other information necessary for ongoing monitoring have been provided, including functional status, appropriate medication use, and side effects. Therefore, the requested Percocet is not considered medically necessary.

Vicodin ER, QTY: 150 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen, Opioids, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Management) Page(s): 78; 91.

Decision rationale: Vicodin is acetaminophen and hydrocodone. This worker has diffused musculoskeletal pain which is rated as 5-6/10 with medications and 7-8/10 without medications. This is minimal improvement at best. There is no mention of the worker's functional improvement, his ability to perform activities of daily living, his return to work, or his decrease in other medications due to relief with this medication. Per the Medical Treatment Utilization Schedule under opioids on-going management, actions should include: ongoing review and documentation of pain relief, functional status, 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. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available.The documentation provided on this worker states the worker had 5-6/10 pain with medications and 7-8/10 without medications. However, none of the other information necessary for ongoing monitoring have been provided, including functional status, appropriate medication use, and side effects. Therefore, the requested Vicodin is not considered medically necessary.

Valium 10mg, QTY: 30 with 3 refills: Upheld

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

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

Decision rationale: Valium is diazepam, a benzodiazepine. This worker has diffused musculoskeletal pain. Per the Medical Treatment Utilization Schedule, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly; tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, the request Valium is not considered medically necessary.

Bone Scan of Left Hip: 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), Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 341; 343.

Decision rationale: Per the Medical Treatment Utilization Schedule, special studies are not needed to evaluate most knee and regional area complaints until after a period of conservative care and observation. Bone scans are not recommended for meniscus tears, ligament strains, patellofemoral syndrome, tendinitis, prepatellar bursitis or regional pain. This worker's last imaging study was radiographs on April 16, 2014 which showed well-positioned bilateral hip replacements. Additionally, there is no indication documented for the bone scan, such as adverse symptoms, and what condition is being ruled. Therefore, the requested bone scan of the left hip is not considered medically necessary.