

Case Number:	CM14-0147988		
Date Assigned:	09/15/2014	Date of Injury:	02/12/2001
Decision Date:	12/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This is a 71-year-old male with a 2/12/01 date of injury due to cumulative trauma. The patient was seen on 8/21/14 with complaints of swelling in the legs, more frequent left lower back pain, altered gait and right knee pain. Exam findings revealed spasms and tenderness over the lumbar paraspinals, positive straight leg raise test bilaterally and minimally positive sciatic stretch test, bilaterally. There was edema noted in the calves, left larger than right and the range of motion of the left knee was limited. The diagnosis is lumbosacral strain, left knee degenerative osteoarthritis, lumbar spine stenosis, bilateral leg edema, osteoporosis and mild obesity. Treatment to date includes work restrictions, knee surgery, physical therapy, aqua therapy, durable medical equipment (DME) and medications. An adverse determination was received on 8/28/14 for a lack of functional benefit and lack of documentation indicating that the patient failed oral NSAIDs and why topical medication was preferred. The request for Vicodin 5/325mg #120 was modified to #60 for purpose of weaning given, that there was a lack of documentation of a current urine drug test, risk assessment profile and updated and signed pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: 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) and Mosby's Drug Consult

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, Ambien and FDA (Ambien)

Decision rationale: The California MTUS does not specifically address Ambien. Official Disability Guidelines and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However there is a lack of documentation indicating how the patient's sleep improved with the use of Ambien. In addition, there is no discussion with regards to the patient's sleep hygiene and side effects from Ambien. Lastly, the guidelines do not support long-term use of Ambien and there is no rationale indicating the necessity for an extended use of this medication. Therefore, the request for Ambien 10mg is not medically necessary.

Clinoril #30: 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 NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However there is a lack of documentation indicating subjective and objective functional gains from prior use of Clinoril. Therefore, the request for Clinoril #30 is not medically necessary.

Flector Patches 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch

Decision rationale: The California MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA

indications for Flector patches include acute strains, sprains, and contusions. Official Disability Guidelines states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. However, there is a lack of documentation indicating subjective and objective functional gains from prior use of Flector patches. In addition, the patient has been noted to utilize oral NSAIDs and it is not clear, if the patient was not able to tolerate oral NSAIDs. Therefore, the request for Flector Patches 1.3% #60 is not medically necessary.

Vicodin 5/325mg #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): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2001 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for Hydrocodone and Tramadol. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the recent UDS test was not available for the review. Lastly, the UR decision dated 8/28/14 certified 60 tablets of Vicodin for purpose of weaning. Therefore, the request for Vicodin 5/325mg #120 is not medically necessary.

Ketoprofen 1.5% Piroxicam 2.5% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However the requested medication contained at

least one drug group, which is not supported for topical compound formulation. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Ketoprofen 1.5% Piroxicam 2.5% Cream is not medically necessary.