

Case Number:	CM14-0162882		
Date Assigned:	10/08/2014	Date of Injury:	04/06/2009
Decision Date:	12/10/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation, and is licensed to practice in Arizona & 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 injured worker is a 52-year-old female who reported an injury on 04/06/2009, while working as a secretary/receptionist for the hospital she was walking on a wet floor, slip and struck her right knee against a concrete surface. She was told she had fractured her knee. The injured worker is unable to bend her right knee. The diagnostics included an MRI of unknown date that revealed negative findings for internal derangement. The injured worker complained of musculoskeletal pain at the right knee that radiated to the left ankle, that is described as piercing, sharp, stabbing, with moderate to severe pain. The injured worker reported her pain an 8/10 without medication and a 6/10 with medication, using the VAS. The diagnoses included abnormal gait, achilles tendinitis, adjustment disorder with anxious mood, contusion of knee, depressive disorder, injury of femoral nerve, meralgia paresthetica, synovitis and tenosynovitis, joint pain in ankle and foot, patellar tendinitis, pes anserinus tendinitis, reflex sympathetic dystrophy of the lower extremity, stress fracture of tibia, taking medications for chronic disease, chronic pain syndrome, and insomnia. The review of symptoms dated 08/21/2014 revealed positive for back pain, joint pain, and headaches. Medications included clonazepam, hydroxyzine, Norco, Ambien, fentanyl patch, Neurontin, and Lidoderm patch. Prior treatments were not provided. The treatment plan included Norco, Lidoderm, fentanyl patch, and Ambien. The request for authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #240 Refills: 1: 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 NorcoOngoing Management Page(s): 75; 78.

Decision rationale: The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, pain assessment of current pain, least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes provided revealed that the injured worker current medication regimen includes Norco 10/325 mg up to 8 tablets daily and Fentanyl patch 50mcg every 48 hours. The cumulative dose is 140 mg daily, which exceeds the recommended 120mg daily dosage. The injured worker should be tapered off narcotics. Therefore, the request for Norco 10/325mg 10/325 MG #240 Refills: 1: is not medically necessary.

Lidoderm 5% (700 MG Patch) #60 Refills: 4: 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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The California MTUS state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. The documentation was not evident of the injured worker having a trial of antidepressants or anticonvulsants having been failed. Lidoderm is indicated for peripheral pain and not as a first line of therapy. The request did not address the frequency. As such, the request is not medically necessary.

Fentanyl 50mcg/hr 315: 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 Duragesic (fentanyl), ongoing management, opioid dosing Page(s): 44, 78, 86.

Decision rationale: The California MTUS guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Per the clinical notes provided, the cumulative dosage the injured worker is receiving daily is 140mg daily, which exceeds the recommended daily dose. Per the guidelines, Duragesic patches are not recommended for first-line therapy. The request did not indicate the frequency. As such, the request is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Pain Chapter, Ambien

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The clinical notes dated 03/27/2014 indicate that the injured worker has taking the Ambien. The request is for 30 tablets, which exceeds the recommended 2-6 weeks. Additionally, the request did not address the frequency. Therefore, the request for Ambien 5 mg # 30 is not medically necessary.