

Case Number:	CM14-0173706		
Date Assigned:	10/27/2014	Date of Injury:	06/21/2013
Decision Date:	12/03/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family Practice Medicine and is licensed to practice in Ohio. 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 24-year-old female with a date of injury of June 21, 2013. She was squatting to lift plates and fell backwards injuring her left knee, left ankle, and low back. She has a history of prior left ankle surgery. She has complained of low back pain radiating to the left lower extremity, left ankle pain, and left knee pain. Her pain levels have been 8-9/10 since April 2014. The physical exam reveals diminished lumbar range of motion, tenderness to palpation of the lumbar paraspinal musculature, a positive straight leg raise test on the left and diminished sensation to the left side L3, L4, L5, and S1 dermatomes. Left shoulder reveals diminished range of motion. A Hawkin's and Neer's test was positive for impingement. The left knee reveals diminished range of motion, tenderness to the medial joint line, a positive Lachman's test, and a positive McMurray's sign. The left ankle reveals normal but painful range of motion and diffuse ligamentous tenderness. The diagnoses include chronic bilateral ankle sprain, prior medial malleolus fracture with painful hardware, left shoulder impingement and bursitis, herniated lumbar disc, L5 facet arthropathy, and left knee arthralgia. The injured worker has been prescribed hydrocodone since April 2014 at least. Amitriptyline was added in April 2014 to help with neuropathic pain. She has been taking Naproxen as well. There is a notation that she has been experiencing heartburn as a consequence of the Naproxen. She has received 2 lumbar epidural steroid injections with temporary relief of 20%. Chiropractic care worsened or symptomatology and acupuncture provided only temporary relief. She was being scheduled for removal of hardware from the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The referenced guidelines state that for those requiring chronic opioids there should be ongoing monitoring of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioid medication may be continued if the injured worker has regained employment or has improved pain and functionality. In this instance, there is no evidence to suggest that the prescribed opioids have improved her pain at all. There's no evidence that her functionality has improved at all. In fact she remains able to sit, walk, or stand for only 15 minutes at a time. This circumstance has essentially not changed. There appears to have been no monitoring for aberrant drug activity in the last 6 months by way of urine drug screen or reference to CURES reports. Therefore, Hydrocodone/APAP 10/325mg, #120 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors, NSAIDs, GI Symptoms & Cardiovascular Risk

Decision rationale: Proton pump inhibitors are recommended for patients at risk for gastrointestinal events. The risk factors for gastrointestinal events include (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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this instance, injured worker has been utilizing Prilosec for heartburn thought to be a consequence of the anti-inflammatory she had been taking. She does not possess the above risk factors and consequently Prilosec 20mg #60 is not medically necessary per the referenced guidelines.

Elavil 10mg, #60: Overturned

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

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

Decision rationale: Tricyclic antidepressants like Elavil have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. The injured worker is felt to have neuropathic pain as a consequence of a herniated lumbar disc and therefore Elavil 10mg, #60 is medically necessary and appropriate.

Senna 8.5/50, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

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

Decision rationale: If prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this instance, the number of Hydrocodone tablets requested is felt to be unnecessary medically. However, weaning was recommended and hence prophylactic treatment for constipation will likely be necessary for at least another month. Therefore, Senna 8.5/50, #60 is medically necessary and appropriate.

Orthopedic follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this instance, the injured worker has a multitude of unresolved orthopedic issues. The treating physician requested orthopedic follow-up with regard to the left knee and shoulder on September 10, 2014. In orthopedic follow-up visit is necessary medically appropriate.