

Case Number:	CM14-0024987		
Date Assigned:	06/11/2014	Date of Injury:	02/13/2002
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 51-year-old female who reported injury on 02/13/2002 due to gradual, ongoing right foot pain. She was diagnosed with plantar fasciitis, failure of conservative care, and surgery with complications of continued swelling. The injured worker had a course of electroshock treatment which she stated helped for 2 weeks. She reported symptoms of pain in the left foot and was told that she had tarsal tunnel syndrome on the left foot. The injured worker had a physical examination on 04/30/2014 with complaints of pain in the left foot and ankle. The injured worker also had complaints of charley horse-like cramping, and she stated Requip was more helpful than Soma for the cramping. The injured worker stated her pain on average is 4/10 to 6/10. The injured worker stated medications take about 30 minutes and it brings the VAS score down 3 points. The examination of the lower extremity revealed a scar behind the left medial malleolus and positive Tinel's over the retinaculum. There was a half a hazelnut-sized painful lump about 1 inch above the insertion of the Achilles tendon. Range of motion for the bilateral hips and knees was intact. Sensation was intact in the major dermatomes of the upper extremities and lower extremities, with the exception of the sole of the left foot. Left dorsiflexion and inversion was limited, and toe movement was limited. Gait and station were abnormal; she also had difficulty with heel-toe walking. Her past medications, per documentation, were Kadian, Tramadol, Lyrica, and Neurontin (which the injured worker stated she could not take). Currently, medications for the injured worker were noted to be Oxycodone, 15mg four times a day; Norco 10/325mg, 1 tablet every 4 hours as needed; Zipsor, 25mg twice a day; Soma 250mg, 1 tablet twice a day as needed; Requip 3mg, 1 tablet at bedtime; Cyclobenzaprine 10%/Tramadol 10%/Lidocaine 5%, apply as directed; Ketoprofen 20%/Capsaicin 0.0375%/ Liposome cream, use as directed; Hydrochlorothiazide 25mg, 1 tablet daily; and Lisinopril 20mg, 1 tablet daily. The diagnoses for the injured worker were limb

pain/plantar fasciitis, medication dependency, altered gait, nerve entrapment, and tarsal tunnel syndrome. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Outcomes measures Page(s): 81,82,88.

Decision rationale: The request for Oxycodone 15mg #120 with one (1) refill is not medically necessary. The document submitted for review did not have reports of physical therapy or reports that the injured worker was participating in a home exercise program. Also, there were no reports submitted of urine toxicology screening. The California Medical Treatment Utilization Schedule (MTUS) states it is now suggested that, rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether they should be maintained include the following: 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. It also states that opioid tolerance develops with repeated use of opioids and brings about the need to increase the dose, which may lead to sensitization. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with the weaning of opioids. The request submitted does not indicate a frequency for the medication. There were no diagnostic studies or reports from the injured worker's surgery submitted for review. Therefore, the medical necessity of this request is not established.

Norco 10/325mg #120 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Reassess Page(s): 43 and 88.

Decision rationale: The request for Norco 10/325mg #120 with one (1) refill is not medically necessary. The document submitted for review is lacking information regarding physical therapy sessions and surgical intervention reports. There were no urine toxicology screens submitted with the document. The California MTUS states that, for ongoing pain, details about pain relief, functional status, appropriate medication use, and side effects should be documented. 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. The medical guidelines also suggest that the injured worker should keep a diary to assess pain and functioning, including entries about pain triggers and incidents of end-of-dose pain. The request as submitted does not indicate a frequency for the medication. Therefore, the medical necessity of this request is not established.

Soma 250mg #60 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 250mg #60 with one (1) refill is not medically necessary. The injured worker stated that she used Soma for leg cramps but indicated that Requip works better for her than Soma. The California MTUS states that Soma is not recommended. This medication is not indicated for long-term use. The guidelines also state that Soma abuse has also been noted in order to augment or alter the effects of other drugs. This includes the following: (1) Increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with Tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"). Also, intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Soma is highly addictive and not recommended to be used for the treatment of leg cramps. The injured worker did state that Requip works better than Soma for the leg cramping. There were no urine toxicology screen reports submitted in the document for review. Therefore, the medical necessity of this request is not established.

Zipsor 25mg #60 with two (2) refills: 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): 67-74.

Decision rationale: The request for Zipsor 25mg #60 with two (2) refills is not medically necessary. This medication is a non-steroidal anti-inflammatory drug (NSAID). It is used for the treatment of osteoarthritis and should be used at the lowest dose for only a short period of time. Past trials of other NSAIDs tried and failed were not reported in the document. The injured worker has a history of high blood pressure, for which she is taking Lisinopril and Hydrochlorothiazide. The California MTUS states, for mild to moderate risk factors of cardiovascular disease, when long-term or high dose therapy is required, full dose naproxen (500mg twice a day) appears to be the preferred choice of NSAID. The guidelines also state that NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension.

They may cause fluid retention, edema, and rarely, congestive heart failure. There was no documentation that other NSAIDs had been tried and failed. Therefore, the medical necessity of this request is not established.

Flector patch 1.5% #60 with two (2) refills: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Flector patch 1.5% #60 with two (2) refills is not medically necessary. Flector patches are used in the treatment of osteoarthritis. The injured worker does not have a diagnosis of osteoarthritis. There was no rationale for the use of Flector patches reported in the document. The Flector patch contains Diclofenac, which is associated with increased risk of cardiovascular complications. Even in small doses, the risk of cardiovascular events is still increased. The injured worker has a history of hypertension. Therefore, the medical necessity of this request is not established.