

Case Number:	CM14-0034564		
Date Assigned:	07/23/2014	Date of Injury:	03/13/2003
Decision Date:	09/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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 60-year-old female sustained an industrial injury on 3/13/03. The mechanism of injury was not documented. The patient was status post right ankle arthroscopy with microfracture of the talus on 4/14/04. Past surgical history was positive for right carpal tunnel release and trigger finger releases. The patient was also diagnosed with compensatory lumbar discopathy and obesity. The 2/15/12 lumbar spine MRI documented lumbar degenerative disc and joint disease with severe osteoarthritis of the facet joints at L5/S1 and grade 1 anterolisthesis of L5 on S1. The 2/8/14 treating physician letter cited constant right ankle hardware pain. Right ankle exam noted antalgic gait, abnormal heel/toe walk, and limited range of motion. X-rays of the right ankle demonstrated screws were in place with no dislocation. The right ankle pain had decreased her ability to perform activities of daily living and work duties. Right ankle hardware removal with 2 day inpatient stay and post-operative medications were requested. Norco was requested for management of right ankle, right hand, and low back pain. Ambien was requested relative to complaints of constant fragmented sleep. Records indicated the patient had been using Norco for a prolonged period of time. Norco alleviated her low back and right ankle pain and allowed her to perform some activities of daily living. The 2/19/14 utilization review denied the requests for right ankle hardware removal and post-operative medications. The request for Ambien 30 mg #30 was modified to #15. The request for Norco 10/325 mg #90 was modified to #45 to allow for weaning as there was no clear pain or functional assessment documented. The 2/24/14 appeal letter stated that the patient was beginning to notice a significant prominence in her ankle hardware. The skin area directly over the hardware did have a prominence. The concern would be latent skin ulceration to justify removal. The 6/6/14 treating physician report documented x-ray evidence that the right ankle is fused.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Hardware Removal with 2 day inpatient Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Foot and ankle treatment section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Hardware implant removal (fracture fixation), Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide surgical guidelines for hardware removal. The Official Disability Guidelines state that routine removal of hardware is not recommended except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and non-union. Guideline criteria have not been met. The treating physician has documented persistent right ankle pain directly over the hardware site. There is radiographic evidence of a solid right ankle fusion and no evidence of infection. Length of stay guidelines for ankle surgery indicate a best practice target of 2 days. Therefore, this request for right ankle hardware removal with 2 day inpatient stay is medically necessary.

Ambien 30 mg Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Insomnia.

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) Zolpidem (Ambien®).

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to Ambien (zolpidem) or insomnia treatment. The Official Disability Guidelines indicate that non-benzodiazepine sedative hypnotics (benzodiazepine-receptor agonists), such as Ambien, are recommended as first-line medications for the short term (usually two to six weeks) treatment of insomnia. Guideline criteria have not been met. Ambien is not recommended for use beyond 6 weeks. Records indicated that Ambien had been prescribed since at least 10/18/13. The 2/19/14 utilization review modified the request for Ambien 30mg #30 to #15 to allow for weaning. There is no compelling reason to support the medical necessity of additional medication in the absence of guideline support for long-term use. Therefore, this request for Ambien 30 mg #30 is not medically necessary.

Norco 10/325 mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): page(s) 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to Ambien (zolpidem) or insomnia treatment. The Official Disability Guidelines indicate that non-benzodiazepine sedative hypnotics (benzodiazepine-receptor agonists), such as Ambien, are recommended as first-line medications for the short term (usually two to six weeks) treatment of insomnia. Guideline criteria have not been met. Ambien is not recommended for use beyond 6 weeks. Records indicated that Ambien had been prescribed since at least 10/18/13. The 2/19/14 utilization review modified the request for Ambien 30mg #30 to #15 to allow for weaning. There is no compelling reason to support the medical necessity of additional medication in the absence of guideline support for long-term use. Therefore, this request for Ambien 30 mg #30 is not medically necessary.

Post Operative Norco: 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 Opioids, criteria for use, Opioids, specific drug list Page(s): page(s) 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling both acute and chronic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines would support the use of post-operative Norco. However, this request does not include the prescribing information to allow medical necessity to be established. Therefore, this request for post-operative Norco is not medically necessary.

Post Operative Duracef: 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 Other Medical Treatment Guideline or Medical Evidence: Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical practice guideline for the patient safety at surgery settings. (AIAQS); 2010. 191 p.

Decision rationale: Under consideration is a request for post-operative Duracef. The California MTUS and Official Disability Guidelines do not address the use of prophylactic antibiotics in the

peri-operative course or post-operative course. Clinical practice guidelines indicate that a single standard dose of Duracef is sufficient for prophylaxis in most circumstances, except if surgery that longer than four hours or if loss of blood exceeds 1500 cc. While guidelines would support a single standard dose of Duracef, this request does not include the prescribing information to allow medical necessity to be established. Therefore, this request for Duracef is not medically necessary.

Post Operative Zofran: 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 Other Medical Treatment Guideline or Medical Evidence: Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. *Anesthesiology*. 2013 Feb;118(2):291-307.

Decision rationale: Under consideration is a request for post-operative Zofran. The California MTUS and Official Disability Guidelines do not provide recommendations for anti-emetics for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. Therefore, this request for Zofran is not medically necessary.