

Case Number:	CM14-0050065		
Date Assigned:	07/09/2014	Date of Injury:	02/13/2002
Decision Date:	11/07/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

The injured worker (injured worker) is a 51-year-old woman with a date of injury of February 13, 2002. The mechanism of injury occurred when she developed possible bone spurs from prolonged walking and standing. The Podiatrist evaluated her. The current diagnoses are: Right plantar fasciitis; left tarsal tunnel syndrome. Treatment has included: Medications; right foot surgery. In the most recent report on file dated March 7, 2014, the treating physician notes: Subjective: The injured worker presents regarding foot pain. Soma decreases spasms. Norco takes the pain from 7-8/10 to 5-6/10. Requip helps the nightly cramps in the calf and foot. Zipsor helps with the achiness and internal inflammation. The injured worker has markedly decreased swelling with this medication. Oxycodone takes the pain from 10/10 to 7-8/10. She has more tingling in her foot. Objective: There is tenderness of the hind dorsal arch. Tinel's is positive. Left dorsiflexion and inversion are limited. Progress note dated June 24, 2014 indicated the injured worker was being followed-up for her foot pain. Her blood pressure elevated at 218/138. The primary treating physician reviewed with her the using 2 pharmacies in relation to her Norco. It appears that Walgreen's uses automatic fills to generate prescriptions. The injured worker picked this up when there was a hold placed at [REDACTED]. Post discussion: injured worker will only use 1 pharmacy [REDACTED] and auto fills for controlled substances will be ignored. She wears a support ankle brace, which she states does not help. She has also used Achilles wrap, orthotic theraband, foot roller, ice, and extra corporeal shock wave. The injured worker has been informed of several tools to manage the condition of chronic pain and has been educated about the risk and benefit. Alternative tools were and are actively discussed in the office visits and include IEP, use of ice, heat, supports stretching, non-impact aerobic work, acupuncture, cognitive therapy, medications, periodic PT, and injections. She has signed a pain agreement and agrees to random drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Pain; Criteria for Opiate use

Decision rationale: In patients taking opiates long-term, the medical record must contain an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opiate, how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The Chronic Pain Treatment Guidelines recommend continued use of opiates for the treatment of moderate to severe pain with documented functional benefit. In this case, there is documented symptomatic and functional improvement from the use of both Norco and Oxycodone. The medical record did not contain adequate documentation to support the required pain assessments. Notably, the guidelines further recommend that the total morphine equivalent dosage not exceed 120 mg per day. The patient's current MED is 130 mg per day. This dose exceeded the recommended 120mg equivalent per day. Additionally, she used multiple pharmacies to refill her opiates. Based on the clinical information in the medical record of the peer review evidence-based guidelines, Oxycodone 15 mg #120 is not medically necessary.

Soma 250mg #60 with one refill: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state Soma (Carisoprodol) is not recommended. This medication is not recommended for long-term use. The active metabolite is Meprobamate (a schedule IV controlled substance). Abuse has been noted for the sedative and relaxant effects. In this case, there is no documentation of failed trials with other muscle relaxes. The guidelines do not recommend this muscle relaxant. Based on the clinical information in the medical record in the peer-reviewed evidence guidelines, Soma 250 mg #60 with one refill is not medically necessary.

Norco 10/325mg #120 x2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back pain; Criteria For Opiate Use.

Decision rationale: In patients taking opiates long-term, the medical record must contain an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opiate, how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The Chronic Pain Treatment Guidelines recommend continued use of opiates for the treatment of moderate to severe pain with documented functional benefit. In this case, there is documented symptomatic and functional improvement from the use of both Norco and Oxycodone. The medical record did not contain adequate documentation to support the required pain assessments. Notably, the guidelines further recommend that the total morphine equivalent dosage not exceed 120 mg per day. The patient's current MED is 130 mg per day. This dose exceeded the recommended 120mg equivalent per day. Additionally, she used multiple pharmacies to refill her opiates. Based on the clinical information in the medical record of the peer review evidence-based guidelines, Norco 10/325 mg #120 x2 refills is not medically necessary.

Zipsor 25mg #60 x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Diclofenac (Zipsor) is not recommended as a first-line drug due to its increased risk profile. A large review of available evidence on nonsteroidal anti-inflammatory drugs confirms that Diclofenac (Zipsor), a widely used nonsteroidal anti-inflammatory, poses an equivalent risk of cardiovascular events to patients as did Vioxx which was taken off the market. This is a significant issue and physicians should avoid Diclofenac because it increases risk by about 40%. In this case, the injured worker has uncontrolled hypertension. His current blood pressure is to 218/138. The guidelines do not recommend the nonsteroidal anti-inflammatory drug (diclofenac) in patients with hypertension. Based on clinical information the medical record in the peer-reviewed evidence-based guidelines, Zipsor 25mg #60 x2 refills is not medically necessary.