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| Case Number: | CM14-0052937 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 07/23/1998 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 Medicine and is licensed to practice in Arizona. 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 patient is a 62 year old female with a date of injury on 7/23/1998. Diagnoses include status post left total knee arthroplasty, low back pain, bilateral ankle internal derangement, insomnia, edema, depression, and obesity. Subjective complaints starting on 6/19/2013 are of bilateral lower extremity edema that causes pain with walking. There is also increased knee and lower back pain. Patient was without dyspnea on exertion. Physical exam shows clear lungs, negative jugular venous distention, and normal heart sounds. Lower extremity 2+ edema is present bilaterally with decreased ankle range of motion and has an antalgic gait with cane. For the edema, patient was initially treated with Lasix, and lab work (tsh/cmp) was requested as well as venous dopplers and echocardiogram. There is no record of these tests being completed. On 2/20/2014, the patient had frequent severe pain, without identification of pain location. She was prescribed Bumex .05mg twice a day, and Potassium 10mg. On 4/23/2014, the patient complained of left knee severe pain. Physical exam showed 1+ edema, and motor and sensory exams were noted as unchanged. No knee exam is recorded. Medications provided were Opana ER 30mg two tablets twice a day, Soma 350mg three times a day, and Percocet 10/325 four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bumex .05mg, twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug.com, updated Mar 15th, 2014, Bumex, <http://www.drugs.com/mtm/bumex.html>.

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: FDA prescribing information: Bumex www.drugs.com.

Decision rationale: Food and Drug Administration (FDA) prescribing information indicates that Bumex is used for treating swelling caused by excess body water associated with heart failure, kidney, or liver disease. For this patient, evidence of edema is present and has been longstanding. Documentation does not show any improvement of edema on previous diuretics (Lasix) and edema does not appear to be acutely worsening. Furthermore, continued diuretic therapy without first obtaining the laboratory and cardiac evaluation would not be appropriate. Therefore, the medical necessity for Bumex is not medically necessary.

Potassium 10mg, twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Int J Clin Pharmacol Ther Toxicol. 1988 May;26(5);273-7.

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: FDA prescribing information: Potassium Chloride www.drugs.com.

Decision rationale: Food and Drug Administration (FDA) prescribing information indicates that potassium is used to prevent or treat low potassium levels in the blood, as a result of disease or use of diuretics. Since the medical necessity of a diuretic is not established for this patient, the potassium would not be supported as well. Therefore, the medical necessity for potassium is not medically necessary.

Opana ER 30mg, two (2) tablets by mouth, twice daily: Upheld

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

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

Decision rationale: The patient in question has been on chronic opioid therapy and CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Objective exam from office visit where opioids were prescribed does not mention significant findings requiring ongoing opioid treatment. Submitted records also do not provide a complete medication list and duration of

current treatment regimen. In addition, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Furthermore, there is no demonstrated improvement in pain or function from long-term use. Therefore, the medical necessity for Opana is not medically necessary.

Soma 350mg, three (3) times daily as needed: Upheld

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

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

Decision rationale: CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use and is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used carisoprodol for a chronic condition, which is not consistent with current guidelines. For these reasons, the use of carisoprodol is not medically necessary.

Percocet 10/325mg, one (1) to two (2) tablets, by mouth, four times a day: Upheld

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

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

Decision rationale: The patient in question has been on chronic opioid therapy and the CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Objective exam from office visit where opioids were prescribed does not mention significant findings requiring ongoing opioid treatment. Submitted records also do not provide a complete medication list, and duration of current treatment regimen. In addition, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Furthermore, there is no demonstrated improvement in pain or function from long-term use. Therefore, the medical necessity for Percocet is not medically necessary.