

Case Number:	CM14-0090299		
Date Assigned:	09/10/2014	Date of Injury:	11/02/2012
Decision Date:	10/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old male with a work injury dated 11/2/12. The diagnoses include fracture of metatarsal bones (right); closed foot bone fracture; insomnia; knee pain second to patellar tendonitis (bilateral); orbital disorder - fracture of the right medial wall; status post insertion of bone growth stimulator tarsals and metatarsalgia (right) Under consideration is a request for a urine toxicology screen; Klonopin 0.05mg # 30; Voltaren 1% gel with 1 refill and Pamelor 25mg (quantity unknown) 2 refills. There is a primary treating physician report dated 4/28/14 that state that stated that the patient's foot pain is unchanged He stated that he gets cramps in the right foot. His medications include Pamelor and Voltaren Gel. On exam he is in no acute distress and inspection of the foot reveals no discoloration. Tenderness to palpation is noted over the 1st metatarsal. The discussion/plan indicate that the patient suffered from fractures of the metatarsal bones, bilateral knee pain, fracture of the medial wall of the right orbit and right heel contracture improved. He has used knee braces, metatarsal pads and Nortriptyline. He presented with right foot cramping. He will continue Nortriptyline; Voltaren Gel and a trial of Klonopin. He will continue braces and metatarsal pad. A 7/7/14 document states that the patient still has pain in the right big toe. He has pain in the ball of the right foot when he pushes off. He cannot run. He states that he limps. He has to have an air cushion ride. The Voltaren gel does help reduce the pain in his knee and feet and he needs a refill. If he cannot get the Voltaren gel, he takes an occasional hydrocodone which controls his pains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis. Decision based on Non-MTUS Citation (MAPS) <https://sso.state.mi.us>- looking for evidence of medication non-adherence, misuse, or diversion. University of Michigan Health System Guidelines for Clinical care: Managing Chronic Non-terminal Pain, including prescribing Controlled Substances (May 2009) , pg 10,33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, Steps To Avoid Misuse/Addiction Page(s): 43; 94.

Decision rationale: Urine toxicology screen (retrospective from 4/28/14) is not medically necessary per the MTUS and the ODG guidelines The documentation does not indicate on 4/28/14 that the patient was on medication that requires toxicology screening. There is no documentation of aberrant behavior. The MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drug. The request for urine toxicology screen is not medically necessary.

Klonopin 0.05mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Klonopin 0.05mg # 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The documentation submitted is not clear on why this patient requires Klonopin. For this reason and the risk of long term efficacy and chance of dependence the request for Klonopin 0.05mg #30 is not medically necessary.

Voltaren 1% gel with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Voltaren 1% gel with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Voltaren Gel 1% is not medically necessary per the

MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDS can be used short term for 4-12 weeks for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The documentation indicates that the patient was given a trial of Voltaren Gel on a 3/3/14 office visit. The office visit on 4/28/14 states that the patient's foot pain is unchanged. Without evidence of functional improvement of improvement in pain levels from prior use the request for continued use of Voltaren gel is not medically necessary. Therefore, the request for Voltaren 1% gel with 1 refill is not medically necessary.

Pamelor 25mg (quantity unknown) 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics And Tricyclic Antidepressants Page(s): 122 AND 15.

Decision rationale: Pamelor 25mg (quantity unknown) with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The guidelines state that Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. The documentation indicates that the patient has been on Pamelor long term without evidence of change in pain, function or symptomatology. Furthermore, the request does not have a quantity stated. Pamelor 25mg (quantity unknown) with 2 refills is not medically necessary.