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| Case Number: | CM14-0199276 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 03/24/2008 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Rehab, has a subspecialty in Pain 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 is a 44 year-old male with a date of injury of March 24, 2008. The patients industrially related diagnoses include overuse syndrome of the right knee, status post arthroscopy, meniscectomy of the left knee, right hip degenerative joint diseases, L4-S1 stenosis, L4-S1 disc degeneration, L4 radiculopathy, right achilles tendinitis with tear, right ankle sprain, and status post L4-L5 laminectomy and forminectomy. An MRI of the right ankle was done on 3/4/2014 that showed low-to-moderate-grade intrasubstance tearing of the distal lateral fibers of the Achilles tendon, moderate to severe tendonosis with associated retrocalcaneal bursitis and extensive peritenonitis and peritendinitis. The disputed issues are AFO Brace, PTB brace if AFO brace is denied, Restoril 30mg #30 with 3 refills, MS Contin 60mg #90, and Percocet 10/325mg #180. A utilization review determination on 11/12/2014 had modified the requests for MS Contin, Restoril, and Percocet and non-certified the AFO brace and PTB brace requests. The stated rationale for the denial of the AFO brace and PTM brace was: "The patient reported that he felt as though his balance was off and frequently losing his footing. The physician requested authorization for an AFO to improve the patient's ability to ambulate without falling. The guidelines indicate that ankle foot orthosis is recommended as an option for foot drop or may be used during surgical and neurological recovery. However, there is no indication the patient was status post ankle/foot surgery or that he had foot drops since no exam was provided. Therefore, the request is not supported due to insufficient clinical findings to support the criteria for use of the brace as indicated in the guidelines." The stated rationale for the modification of Restoril was: "It was noted in the documentation that the patient had been taking Resotril for at least more than 2 months. It is noted in the guidelines that intolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. The reviewed documentation does not include sufficient objective findings to continue use of this medication. As such, the

request is modified to 15 tablets without refills to allow for weaning." The stated rationale for the modification of Percocet was: "The patient reported that his pain was rated as 9/10 in intensity, but reduced to 7/10 with the use of his medications. The documentation submitted for review lacked further details regarding a detailed pain assessment being completed at every visit. Also, it is unknown as to when his previous urine drug screen was collected to check compliance with medication regimen. In addition, the total daily Morphine equivalent dose was 270mg per day according to his calculated medication regimen, which exceeds the 120mg recommended value. As such, the request is modified to Percocet 10/325mg 90 tablets to allow for weaning." Lastly, the stated rationale for the modification of MS Contin was the same as Percocet stated above. However, the request was modified to MS Contin 60mg 45 tablets to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

AFO Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Ankle foot orthosis (AFO)

Decision rationale: Regarding the request for an ankle foot orthosis (AFO) brace, the Official Disability Guidelines recommend AFO as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. Within the documentation available for review, the treating physician indicated that the injured worker was losing mobility in the right foot and was falling more often and recommended an AFO for the right foot to improve the injured worker's ability to ambulate without falling. However, there was no documentation of foot drop in the physical examination or diagnosis for which an AFO would be indicated as outlined in the guidelines. Based on the lack of documentation, the requested AFO brace is not medically necessary.

PTB brace if AFO brace is denied: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Ankle foot orthosis (AFO)

Decision rationale: A patellar tendon bearing (PTB) orthosis or brace is a custom ankle foot orthosis with external bracing designed to unweight the ankle or heel. Regarding the request for a

PTB brace, the Official Disability Guidelines recommend AFO as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. Within the documentation available for review, the treating physician indicated that the injured worker was losing mobility in the right foot and was falling more often and recommended an AFO for the right foot to improve the injured worker's ability to ambulate without falling. However, there was no documentation of foot drop in the physical examination or diagnosis for which an AFO would be indicated as outlined in the guidelines. Based on the lack of documentation, the requested PTB brace is not medically necessary.

Restoril 30 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 24 of 127; Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Restoril (Temazepam). The CA MTUS addresses benzodiazepines in general and states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Therefore the Official Disability Guidelines are utilized which have guidelines regarding the use of pharmacologic agents to address insomnia. In the Official Disability Guidelines Chronic Pain Chapter, the following is specified: "Temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." Within the documentation available for review, there was no documentation identifying any objective functional improvement as a result of the use of Restoril and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. The documentation indicates that the injured worker has been taking Restoril since as far back as 4/8/2014. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Restoril is not medically necessary. The utilization review determination, which modified the request to allow for weaning, should be upheld.

MS Contin 60 mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 75-80

Decision rationale: Regarding the request for MS Contin 60mg, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. Within the documentation available for review, the treating physician did not adequately document monitoring of the four domains. The treating physician addressed the latter two domains listed in the guidelines noting that there were no negative side effects and stating that there were no aberrant drug behaviors and that the injured worker uses the medications only as prescribed. There was documentation of a signed opioid agreement and last UDS was done on 5/6/2014. However, while reduction in pain was well documented in terms of reduced NRS with medication use, there was limited documentation regarding function. The treating physician stated that the injured worker's function was improved with the use of these medications in the progress report dated 10/16/2014 but did not provide any specific examples of objective functional improvement. In addition to the utilization review dated 11/12/2014, a previous utilization review report on 10/14/2014 non-certified this request because there was no clear functional benefit and no specific objective measureable functional goals with the use of MS Contin. However, the treating physician did not provide the requested documentation regarding function in the subsequent visits. In the progress report dated 11/13/2014, the treating physician appealed the denial but did not provide any further documentation regarding functional improvement with the use of the opiates. Based on the lack of documentation, medical necessity for MS Contin 60mg #90 cannot be established at this time. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. The utilization review determination should be upheld.

Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page 75-80

Decision rationale: Regarding the request for Percocet 10/325mg, Chronic Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the treating physician did not adequately document monitoring of the four domains. The treating physician addressed the latter two domains listed in the guidelines noting that there were no negative side effects and stating that there were no aberrant drug behaviors and that the injured worker uses the medications only as prescribed. There was documentation of a signed opioid agreement and last UDS was done on 5/6/2014. However, while reduction in pain was well documented in terms of reduced NRS, there was limited documentation regarding function. The treating physician stated that the injured worker's function was improved with the use of these medications in the progress report dated 10/16/2014 but did not provide any specific examples of objective functional improvement. In addition to the utilization review dated 11/12/2014, a previous utilization review report on 10/14/2014 non-certified this request because there was no clear functional benefit and no specific objective measureable functional goals with the use of Percocet. However, the treating physician did not provide the requested documentation regarding function in the subsequent visits. In the progress report dated 11/13/2014, the treating physician appealed the denial but did not provide any further documentation regarding functional improvement with the use of the opiates. Based on the lack of documentation, medical necessity for Percocet 10/325mg #180 cannot be established at this time. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. The utilization review determination should be upheld.