

Case Number:	CM15-0004908		
Date Assigned:	01/16/2015	Date of Injury:	09/03/2008
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 42 year-old injured worker is male, who sustained an industrial injury on 09/03/2008. On provider visit dated 12/15/2014 he has reported low back and left ankle pain. On examination he was noted to have a decreased range of motion of ankle joint. Swelling and tenderness along ankle joint and retro Achilles areas were noted as well. The diagnoses have included discongenic lumbar, ankle inflammation, status post arthroscopy and depression. Treatment to date has included ambulates with the assist of cane, TENS units, ankle brace, MRI in 2013, Nerves studies 2010 and 2014 and medication. Treatment plan included urine screen, psychiatry referral, Terocin patches and LidoPro cream, ankle arthroscopy, Flexeril 10mg #60, Protonix 20mg #60, Ambien 600mg #90 and Norco 10mg #60. On 12/22/2014 Utilization Review non-certified Flexeril 10mg #60, Protonix 20mg #60, Ambien 600mg #90 and Norco 10mg #60. The MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Cyclobenzaprine (Flexeril)½

Decision rationale: Flexeril is recommended as an option for muscle spasms using a short course of therapy. Treatment should be brief, no longer than 2-3 weeks. There is no clear evidence in the notes provided that the IW has benefit from the muscle relaxer and at this time frame routine use of these medications is not indicated.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Use of a PPI (proton pump inhibitor) is to be determined based on risk of adverse GI events. The IW is not noted to have any factors which would put him at elevated risk of a GI event. The medication is not indicated at this time.

Ambien 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14) Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia treatment

Decision rationale: Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. Additionally, the dose requested is not appropriate as Ambien is dosed at 5 or 10 mg nightly. This request is not appropriate.

Norco 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use CRITERIA FOR USE OF OPIOIDS4) On-Going Management. Page(s): 78.

Decision rationale: On going use of an opioid should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; 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 improved quality of life. 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. The medical records provided do not clearly document decreased pain, increased activities and lack of adverse reactions. This request is not medically necessary and appropriate.