

Case Number:	CM15-0101838		
Date Assigned:	06/04/2015	Date of Injury:	01/15/2009
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 37-year-old female, who sustained an industrial injury on 1/15/09. She reported pain in her knees and wrists after tripping on a curb and falling. The injured worker was diagnosed as having left patellar tendinitis, right knee arthropathy with internal derangement, bilateral carpal tunnel syndrome and depression and anxiety. Treatment to date has included a functional capacity evaluation on 9/22/14, multiple right knee surgeries, physical therapy and medications. Current medications include Percocet 10/325, Ambien 10mg, Xanax, Zoloft, Prilosec and Lidoderm patches (since at least 5/18/11). As of the PR2 dated 4/21/15, the injured worker reports continued right knee pain and weakness. Objective findings include tenderness over the medial and lateral joint lines, right knee flexion 100 degrees, left knee flexion 130 degrees and mild swelling over the right knee. The treating physician requested Prilosec, Lidocaine (Lidoderm patches), Percocet, Lunesta and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 68.

Decision rationale: Per the MTUS Guidelines, Prilosec and other Proton pump inhibitors can be indicated for use with non-steroidal anti-inflammatory drugs, in those at high risk for gastrointestinal events, or in those on high dose / multiple medications that increase risk of gastrointestinal events. For the patient of concern, the records do not indicate any current medications that would warrant Prilosec use. Patient did previously take non-steroidal anti-inflammatory drugs, but the records indicate patient experienced bleeding ulcers related to use of non-steroidal anti-inflammatory drug. The most recent clinic notes, 4/21/2015, indicate no gastrointestinal symptoms. The most recent clinic records do not indicate if patient has been trialed off Prilosec and / or if Prilosec has resulted in control of gastrointestinal symptoms. The Prilosec is still prescribed without any discussion of ongoing diagnosis, continued risks, or medication that would indicate its use is needed. The request for Prilosec is not medically necessary based on lack of documentation for its need.

Lidocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. Topical lidocaine in the dermal patch formulation can be recommended for neuropathic pain after a trial of first line therapy has failed. No other formulation of topical Lidocaine is indicated for neuropathic pain. Other topical formulations of Lidocaine (creams or gels) may be useful as local anesthetic or anti-pruritic. There is insufficient evidence to recommend use of topical Lidocaine, any formulation, in non-neuropathic pain. For the patient of concern, it is unclear how patient is using the Lidocaine patches. Patient has several diagnoses, at least one of which, carpal tunnel syndrome, could be considered neuropathic. However, the record does not specify for which diagnosis patient is using the Lidocaine. The records also do not include any documentation that patient has tried "first line" therapies for neuropathic pain including Gabapentin and/or tricyclic antidepressants. Without clear documentation, that use of Lidoderm patches is for neuropathic pain, and without documentation, that patient has tried and failed first line therapies; Lidocaine topical is not medically necessary.

Percocet: Upheld

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

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. (Information from sources other than patient can also be considered.) Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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. (Passik, 2000) Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. Per the Guidelines, Chelminski defines "serious substance misuse" as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005) 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits "serious non-adherence or misuse" (including urine drug testing negative for prescribed substances on 2 occasions). 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work. Has patient had improved function and decreased pain with the opioids. The patient has not returned to consistent work and has no documentation of objective assessment of improved function in last 6 months office visits. In addition, she meets other criteria to discontinue opioids. Improvement in pain has not been well established / documented in the records provided, even with multiple medications for pain. No urine drug testing reports were included or discussed in the records provided for review. The clinic notes included in the records for review do not include discussions of opioid side effects. Without evidence that patient has improved with regard to function and pain, with the opioids, and without documentation, that appropriate opioid monitoring is ongoing, the request for Percocet is not medically necessary.

Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomina treatment.

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

Decision rationale: The MTUS Guidelines do not address the use of Lunesta, so the FDA information on drugs was consulted. Per the FDA, Lunesta has been shown to "decrease sleep latency and improve sleep maintenance," so it is indicated for use in treatment of insomnia. The FDA also cites several studies that do show Lunesta efficacy in long-term use for insomnia. For the patient of concern, the most recent clinic note, 4/21/2015, which appears to be the first time patient is prescribed Lunesta, does not discuss why patient needs this medication. Per the records, patient has been on long term Ambien, for years, which is also not supported by the literature. However, the above clinic visit at which the Lunesta is ordered instead does not specify why patient is being switched from Ambien to Lunesta, or even the symptoms that Lunesta is meant to address. Without any documentation of a situation that would warrant use of a different sedative, the request for Lunesta is not medically necessary.

Xanax: Upheld

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

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

Decision rationale: Xanax is a medication classified as a Benzodiazepine. Per the guidelines, benzodiazepines are not to be used for more than 4 weeks. No quality evidence exists that benzodiazepines are effective long term, and they do carry a risk of dependence / abuse. Benzodiazepines have several applications including sedative, anxiolytic, anticonvulsant, and muscle relaxer. Tolerance to all indications develops over weeks to months. At the time of the request, patient had been taking Xanax for years for anxiety, albeit on as needed basis. While she reported improved symptoms, there is no objective documentation of change in symptoms or use patterns over time with this medication. Given lack of long-term efficacy, recommendations against use longer than 4 weeks, and risks of dependence, the request for Xanax is considered not medically necessary.