

Case Number:	CM15-0135277		
Date Assigned:	07/23/2015	Date of Injury:	02/26/1999
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker (IW) is a 65 year old female who sustained an industrial injury on 02/26/1999. She reported falling downstairs coming down a fire escape. The injured worker was diagnosed as having: pain in joint lower leg bilateral; Knee joint replacement status bilateral; Long-term use of medications. Treatment to date has included bariatric surgery prior to total joint replacements, total joint replacement bilateral knees, and treatment for chronic pain. She has also had physical therapy, trigger point injections, sacral injections, and steroid injections to the knee, lymphedema treatment, a home health aide and oral medications. Currently, the injured worker complains of significant tenderness and effusion over the right knee, swelling and effusion of the left knee with tenderness and pain on range of motion. She has bilateral lower extremity pitting edema. There is no weeping of the lower extremities. She has pain and tenderness with manipulation of the left hip, uses a walker without brakes and has a severely antalgic gait, and has persistent long-standing left hip and left knee pain made worse with extended periods of sitting. She has neuropathic pain in the lower extremities with severe internal derangement of her knees and left hip. The plan is for continuation of medications. A request for authorization was made for the following: 1. Vistaril 25 mg Qty 30. 2. Ondanestron-Zofran 4 mg Qty 10 3. Buprenorphine HCL (hydrochloride) Sublingual Tablets 2 mg Qty 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - Vistaril (hydroxyzine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Vistaril.

Decision rationale: This claimant was injured 16 years ago, falling down stairs coming down a fire escape. The diagnoses were pain in a joint of the bilateral lower leg, and bilateral knee joint replacement. Medicines have been long term. Currently, the injured worker complains of significant tenderness and effusion over the right knee, swelling and effusion of the left knee with tenderness and pain on range of motion. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. The Physician Desk Reference notes that Vistaril is hydroxyzine, a medicine used for antihistamine, anxiolytic, insomnia and sedation. However, signs of Allergy, anxiety, insomnia and the need for sedation are not clinically noted in this case. The clinical need for the medicine was not demonstrated in the records, and so the request is not medically necessary.

Ondanestron-Zofran 4 mg Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Anti-emetics (for opioid nausea), Ondanestron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, under Zofran.

Decision rationale: As shared previously, this claimant was injured 16 years ago, falling down stairs coming down a fire escape. There was pain in joint lower leg bilateral, and bilateral knee joint replacement. Medicines have been long term. Currently, the injured worker complains of significant tenderness and effusion over the right knee, swelling and effusion of the left knee with tenderness and pain on range of motion. The request is for Zofran. The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is appropriately not medically necessary.

Buprenorphine HCL (hydrochloride) Sublingual Tablets 2 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27 of 127.

Decision rationale: Again as shared, this claimant was injured 16 years ago, falling downstairs coming down a fire escape. The injured worker was diagnosed with pain in joint lower leg bilateral, and bilateral knee joint replacement. Medicines have been long term. Currently, the injured worker complains of significant tenderness and effusion over the right knee, swelling and effusion of the left knee with tenderness and pain on range of motion. The MTUS notes this medicine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information regarding an opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately not medically necessary.