

Case Number:	CM15-0142712		
Date Assigned:	08/03/2015	Date of Injury:	03/13/1992
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63-year-old man sustained an industrial injury on 3-13-1992. The mechanism of injury is not detailed. Evaluations include left ankle x-rays and left ankle MRI dated 1-2013. Diagnoses include right ankle arthritis status post surgery and left ankle surgery. Treatment has included oral medications, hot and cold wrap, ankle brace, and surgical intervention. Physician notes dated 4-17-2015 show complaints of bilateral ankle pain. Recommendations include steroid injection, TENS unit for home use with undergarment, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of OxyContin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 2/20/15 was positive for opioids. CURES report was not reviewed. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, the injured worker has been using this medication since at least 7/2014. However, as this medication is not recommended by MTUS, it is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine- receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 4/2015. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.

Hyalgan injection with sodium hyaluronate 20mg/2ml or Orthovisc series of three injections for the left ankle, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Hyaluronic acid injections.

Decision rationale: The MTUS is silent on the use of Hyalgan injections directed at the ankle. Per the ODG guidelines with regard to hyaluronic acid injections: Not recommended, based on recent research in the ankle, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Was formerly under study as an option for ankle osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid may decrease symptoms of osteoarthritis of the knee, and possibly the ankle. This double blind, randomized, controlled study examined the safety and efficacy of intraarticular sodium hyaluronate (Hyalgan) in the treatment of pain associated with ankle osteoarthritis (OA), and concluded that this may be a safe and effective option for pain associated with ankle OA, although larger studies are needed. (Cohen, 2008) This clinical trial suggested that viscosupplementation combined with arthroscopy may be more beneficial than arthroscopy alone. (Carpenter, 2008) The goal of this study was to determine whether hyaluronic acid (HA) or exercise therapy can improve functional parameters in patients with osteoarthritis (OA) of the ankle, and both HA injections and exercise therapy provided similar functional improvement. However, larger trials with longer follow-up are necessary for more definite conclusions. (Karatosun, 2008) According to this systematic review of treatment for ankle sprains, therapeutic hyaluronic acid injections in the ankle may have a role in expediting return to sport after ankle sprain, but evidence is limited. (Seah, 2011) As the requested treatment is not recommended, the request is not medically necessary.