

Case Number:	CM15-0163577		
Date Assigned:	08/31/2015	Date of Injury:	03/13/1992
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male who sustained an industrial injury on March 13, 1992. A follow up visit dated April 17, 2015 reported subjective complaint of having bilateral ankle pains. In addition, he is with trouble to bilateral shoulders, left hip and left knee. He is utilizing a Richie ankle brace on the left ankle and heavy amounts of pain medications. The following diagnoses were applied: ankle arthritis, right status post fusion; ankle arthroscopy, left. There is recommendation to administer injection treating the left ankle; obtain a transcutaneous nerve stimulator unit, Lunesta. There is mention of concern with narcotic use due to his renal failure. He is able to perform sedentary work. At follow up dated March 02, 2015 noted subjective complaint of with left ankle in a quite a bit of pain and swelling is noted. He is requesting a stronger pain medication. There is recommendation for Hyalgan injections. There is recommendation to prescribe Oxycodone 20mg and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: The 62 year old patient complains of pain in bilateral ankles, left greater than right, as per progress report dated 07/09/15. The request is for LUNESTA 2mg #30. The RFA for this case is dated 07/09/15, and the patient's date of injury is 03/13/92. Diagnoses, as per progress report dated 07/09/15, included ankle arthritis on the right status post fusion, and ankle arthroscopy on the left. The patient has sleep issues secondary to the pain. Medications included Lunesta, Soma and Oxycodone. MRI of the left ankle from January 2013, as per progress report dated 04/17/15, revealed severe arthritis along the tibiotalar joint, tenosynovitis along peroneal tendons, and flexor digitorum longus. The patient is retired, as per progress report, 07/09/15. ODG-TWC, Mental & Stress Chapter under Eszopicolone (Lunesta) states: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, a prescription for Lunesta is first noted in progress report dated 04/17/15. This appears to be the first prescription for the medication. As per progress report dated 07/09/15, the patient has sleep issues secondary to pain. The treater, however, does not document the efficacy of Lunesta. Additionally, ODG limits the "use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." Hence, the request IS NOT medically necessary.

Oxycodone 180 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 62 year old patient complains of pain in bilateral ankles, as per progress report dated 07/09/15. The request is for OXYCODONE 180 TABLETS. The RFA for this case is dated 07/09/15, and the patient's date of injury is 03/13/92. Diagnoses, as per progress report dated 07/09/15, included ankle arthritis on the right status post fusion, and ankle arthroscopy on the left. The patient has sleep issues secondary to the pain. Medications included Lunesta, Soma and Oxycodone. MRI of the left ankle from January 2013, as per progress report dated 04/17/15, revealed severe arthritis along the tibiotalar joint, tenosynovitis along peroneal tendons, and flexor digitorum longus. The patient is retired, as per progress report, 07/09/15. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Oxycodone "for pain" is noted in progress report dated 03/02/15. It is not clear when this medication was initiated. As per progress report, dated 07/09/15, the patient takes

"medication to be functional." Most recent UDS, dated 02/20/15, was consistent, as per progress report dated 04/17/15. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of Oxycodone. No CURES report is available for review. There is no discussion regarding side effects of the opioid as well. MTUS requires a clear documentation regarding impact of Oxycodone on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request IS NOT medically necessary.

One hyalgan injection for the left ankle as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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 chapter under Hyaluronic acid injections.

Decision rationale: The 62 year old patient complains of pain in bilateral ankles, as per progress report dated 07/09/15. The request is for ONE HYALGAN INJECTION FOR THE LEFT ANKLE AS AN OUTPATIENT. The RFA for this case is dated 07/09/15, and the patient's date of injury is 03/13/92. Diagnoses, as per progress report dated 07/09/15, included ankle arthritis on the right status post fusion, and ankle arthroscopy on the left. The patient has sleep issues secondary to the pain. Medications included Lunesta, Soma and Oxycodone. MRI of the left ankle from January 2013, as per progress report dated 04/17/15, revealed severe arthritis along the tibiotalar joint, tenosynovitis along peroneal tendons, and flexor digitorum longus. The patient is retired, as per progress report, 07/09/15. ODG guidelines, Ankle & Foot chapter under Hyaluronic acid injections state: 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. In this case, the request for a series of Hyalgan injections is first noted in progress report dated 03/02/15. In the report, the treater states that "He has had a series before over six months ago which gave him good relief, typically reduced his pain level and helped him to be more functional." In subsequent progress reports dated 04/17/15 and 07/09/15, the treater states in the 'Diagnoses' section "Ankle arthroscopy on the left for which has had no cortisone injection, no hyalgan injection, but uses ankle brace." However, in progress report dated 07/02/15, the treater also states that the patient uses Hyalgan injections every six or eight months to avoid total ankle replacement. Nonetheless, ODG does not support the use of these injections for ankle pain, as "improvement appears modest at best." Hence, the request IS NOT medically necessary.