

Case Number:	CM15-0164082		
Date Assigned:	09/01/2015	Date of Injury:	01/24/2013
Decision Date:	10/20/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: Anesthesiology

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 44 year old female who sustained an industrial injury on 1-24-13. The injured worker was diagnosed as having status post right ankle, lateral ligament reconstruction with Allograft, and status post arthroscopic left knee, anxiety-depression, insomnia unspecified and lumbosacral disc degeneration. The injured worker reported pain and stiffness to the left knee and low back pain. Previous treatments included injection therapy, physical therapy, medication management, brace application and status post right ankle lateral ligament reconstruction with Allograft (11-22-14). Previous diagnostic studies included magnetic resonance imaging, electromyography, and radiographic studies and computed tomography. Work status was noted as temporary totally disabled. The injured workers pain level was noted as 8 out of 10. Physical examination was notable for decreased lumbar spine range of motion, tightness and spasm to lumbar paraspinal musculature bilaterally, hypoesthesia to the anterior aspect of foot and ankle, weakness with big toe flexion bilaterally. The plan of care was for Percocet 10-325 milligrams quantity of 120, Ultram ER 150 milligrams quantity of 120, Oxycontin 20 milligrams quantity of 60, Albuterol Inhaler quantity of 1, and Restoril 30 milligrams quantity of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the injured worker reported pain and stiffness of the left knee and low back. There is lack of documentation of objective functional improvement with the use of Percocet. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, there is no documentation of close monitoring including, a pain contract and urine drug screen. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Ultram ER 150mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a

prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the injured worker reported pain and stiffness of the left knee and low back. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. There is no documentation of significant pain relief or increased function from the opioids used to date. Documentation does not give evidence of the efficacy of this medication for injured workers discomfort. In addition, there is no documentation of close monitoring including, a pain contract and urine drug screen. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycontin (Oxycodone ER) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the injured worker reported pain and stiffness of the left knee and low back. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Documentation does not give evidence of the efficacy of this medication for the injured workers discomfort. In addition, there is no documentation of close monitoring including, a pain contract and urine drug screen. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary.

Albuterol Inhaler #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide, Pulmonary Chapter, Albuterol (Ventolin).

Decision rationale: Albuterol Sulfate Aerosol is an inhaled short-acting beta2-agonist and belongs to a class of drugs known as bronchodilators. It is used to prevent and treat wheezing and shortness of breath (SOB) caused by breathing problems such as, asthma or chronic obstructive pulmonary disease. Albuterol is recommended as a first-line choice for asthma. In this case, the injured worker reported pain and stiffness to the left knee and low back pain. CA MTUS was silent on the requested treatment, therefore ODG was referenced. The ODG recommends Albuterol as a first-line choice for asthma. In this case, there is no documentation that the injured worker has a diagnosis of asthma or respiratory symptoms. Medical necessity of the requested medication has not been established. The requested respiratory treatment is not medically necessary.

Restoril 30mh #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines, Temazepam (Restoril); Insomnia treatment.

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There is no documentation provided indicating that the patient has a diagnosis of insomnia or indicating the duration of therapy with this medication. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the documentation dated 1-2-15 noted a prescription for Restoril (30 mg quantity of 45) indicating the injured worker had been prescribed Restoril since at least January, 2015. Standards of care indicate this medication is not recommended for long term use. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.