

Case Number:	CM15-0164335		
Date Assigned:	09/01/2015	Date of Injury:	01/26/2011
Decision Date:	10/19/2015	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: Internal 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 is a 61 year old male, who sustained an industrial injury on January 26, 2011. The injured worker was diagnosed as having carpal tunnel syndrome left greater than right, left anterior talofibular ligament injury, retro-Achilles joint inflammation, inflammation along the sinus tarsi and superficial nerve irritation along the peroneal tendon, history of hernia status post-surgery in 2011 without persistent symptomatology, rotator cuff inflammation bilaterally left greater than right, patellofemoral inflammation on the right, internal derangement of the left knee, and ulnar neuritis on the left. Treatments and evaluations to date have included bracing, MRI, electromyography (EMG), and medication. Currently, the injured worker reports persistent left ankle and foot pain, and back pain. The Treating Physician's report dated July 20, 2015, noted the injured worker was using an AFO, which had been helpful however, he still complained of pain inside the ankle. The injured worker was noted to not be working. Physical examination was noted to show the injured worker with tenderness along the inner aspect of the right ankle as well as retro-Achilles and Achilles tendon on the left ankle. The treatment plan was noted to include medications including Norco, Lunesta, Ultram, and Protonix, and referrals for psychiatry and for orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker was noted to have been prescribed Norco since September 2014. Documentation fails to demonstrate objective evidence of adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. The request for Norco 10/325mg #60 is not medically necessary by MTUS.

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, Pain Chapter, Eszopicolone (Lunesta), Insomnia treatment.

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

Decision rationale: Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Documentation fails to show evidence of sleep evaluation or characterization of sleep disturbance in the injured worker. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The medical necessity for continued use of Lunesta has not been established. The request for Lunesta 2mg #30 is not medically necessary based on ODG.

Ultram 50mg #30: 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: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol (Ultram) is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker was noted to have been prescribed Ultram since September 2014. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Ultram 50mg #30 is not medically necessary.

Protonix 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Protonix. The request for Protonix 20mg #60 is not medically necessary per MTUS guidelines.

Orthotics purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, Orthotic Devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter, Orthotic devices.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement, such as clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes, "Rigid orthotics (full-

shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." The Official Disability Guidelines (ODG) notes orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The injured worker was noted to have pain inside his ankle with retro-Achilles joint inflammation, inflammation along the sinus tarsi and superficial nerve irritation along the peroneal tendon. Documentation shows that the injured worker is being referred to another physician for orthotics with no specification of the orthotics. The request for orthotics should therefore be pending further evaluation by the Consulting physician. The request for an orthotic purchase is not medically necessary.