

Case Number:	CM15-0192361		
Date Assigned:	10/06/2015	Date of Injury:	07/08/2011
Decision Date:	11/13/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 35 year old female who sustained an industrial injury on 07-08-2011. According to a progress report dated 09-08-2015, the injured worker was seen for left knee pain. Pain with medications was rated 4 on a scale of 1-10. Without medications, pain was rated 8. Quality of sleep was fair. The injured worker was active 8 hours a day and took part in family life. Outside social activities were limited. Her activity level had increased. She was taking medications as prescribed and they were working "well". There were no reported side effects. Current medications included Lidoderm 5% patch, Dilaudid, Lunesta, Terocin and Ambien. Inspection of the left knee joint revealed bow leg deformity. Range of motion was restricted with flexion limited to 115 degrees and normal extension. Tenderness to palpation was noted over the lateral joint line and medial joint line. There was no joint effusion noted. Neoprene brace was noted. Diagnoses included knee pain and pain in joint lower leg. Dilaudid was "very effective" in reducing pain after prolonged walking at work and allowed her to complete household duties. She did not take Dilaudid when she was working. Lidoderm patch was denied. The provider noted that the injured worker required topical medication since she worked full time and could not function during the day with oral medications. Terocin patch was pending. Lunesta was denied. With medications, the injured worker was able to lift 20 pounds, walk 10 blocks, sit 90 minutes and stand for 60 minutes. She could perform household tasks including cooking, cleaning, self-care, laundry and grocery shopping for approximately 45 minutes at a time. Without medications, she was able to lift 10 pounds, walk 4 blocks, sit 45 minutes and stand 20 minutes. Without medications, she could perform household tasking

including cooking, cleaning, self-care, laundry and grocery shopping for approximately 10 minutes at a time. The injured worker was permanent and stationary and working part-time. Documentation shows use of Ambien and Terocin patch dating back to 07-22-2015 and long term use of Lunesta prior to use of Ambien. Dilaudid had been utilized dating back to February 2015. Documentation shows medications tried included Norco (ineffective, loopyness and headaches,), Ultracet (nausea and abdominal pain), Oxycodone (gastrointestinal upset), Rozerem (ineffective), Gabapentin (gastrointestinal upset), Hydrocodone, Tramadol and Nucynta (less effective, gastrointestinal upset and diarrhea) and Cymbalta (increased mood disturbance). A urine toxicology performed on 06-24-2015 was positive for Hydromorphone. On 09-28-2015, Utilization Review non-certified the request for Dilaudid 2 mg #60, Ambien 5 mg #25 and Terocin patch 4-4% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 8/10 to a 4/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Ambien 5mg, #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain last updated 9/8/15 Zolpidem (Ambien).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with

pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.

Terocin patch 4-4%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.