

Case Number:	CM15-0195981		
Date Assigned:	10/15/2015	Date of Injury:	07/09/2001
Decision Date:	12/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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, 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:

The injured worker is a 51 year old male, who sustained an industrial-work injury on 7-9-01. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbar spinal stenosis, lumbar radiculopathy and chronic left knee pain status post total knee arthroplasty (TKA). Medical records dated (3-5-15 to 8-26-15) indicate that the injured worker complains of worsening back pain with spasms radiating to bilateral lower extremities (BLE) and worsening pain in the right knee. He has pain in the left knee as well with instability. He has been wearing a left knee brace and a back brace and using a cane for ambulation. The pain is rated 8-9 out of 10 on the pain scale, at best a 4 out of 10 with the medications and 10 out of 10 without the medications. He reports 50 percent reduction in pain and 50 percent functional improvement with activities of daily living (ADL) and functional improvement with the medications versus not taking them at all but is not specific. This has been unchanged from previous visits. There are no complaints noted from the injured worker regarding sleep disturbances. There is no detailed documentation regarding gastrointestinal complaints. There is no documentation of detailed total hours of sleep, when sleep is initiated or other sleep hygiene issues. Per the treating physician report dated 3-5-15, the work status is modified with restrictions. The physical exam dated 8-26-15 reveals that the left knee is swollen with decreased range of motion. The low back exam reveals limited range of motion, and there is sensory loss to light touch at the right lateral calf and bottom of the foot. The neck range of motion is limited in all planes. Treatment to date has included pain medication Avinza long acting analgesic, Norco for breakthrough pain, Ambien for insomnia due to pain,

Mobic, Lidoderm patch for neuropathic pain, Nexium for dyspepsia from non-steroidal anti-inflammatory drug use (all meds have been taken since at least 3-5-15), diagnostics, orthopedic care, left knee surgery, physical therapy (unknown amount), home exercise program (HEP), urine drug screen and other modalities. The treating physician indicates that the urine drug tests have been consistent with the medications prescribed. The request for authorization date was 8-20-15 and requested services included Avinza 90mg #30, Nexium 40mg #30, Norco 10-325mg #180, Ambien 12.5mg #30, Mobic 15mg #30, Lidoderm patch 5% #60 and Physical therapy times 12 to the lumbar spine and left knee. The original Utilization review dated 9-15-15 non-certified the request for Avinza 90mg #30, Nexium 40mg #30, Norco 10-325mg #180, Ambien 12.5mg #30, Mobic 15mg #30, Lidoderm patch 5% #60 and Physical therapy times 12 to the lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 90mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version), Opioids, dosing.

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

Decision rationale: Regarding the request for Avinza, California Pain Medical Treatment Guidelines cite that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain and there is generic mention of functional improvement, but no specific examples of functional improvement have been identified. Furthermore, there is no clear discussion regarding appropriate medication usage and aberrant use other than a mention of urine drug screening in the past. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Avinza is not medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online Version): Proton pump inhibitors (PPIs).

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) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Regarding the request for Nexium (esomeprazole), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Nexium (esomeprazole) is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online Version), Opioids, dosing.

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

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines cite that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain and there is generic mention of functional improvement, but no specific examples of functional improvement have been identified. Furthermore, there is no clear discussion regarding appropriate medication usage and aberrant use other than a mention of urine drug screening in the past. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Ambien 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online Version).

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

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Mobic, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Mobic is providing any specific objective functional improvement (in terms of specific examples of functional improvement). In the absence of such documentation, the currently requested Mobic is not medically necessary.

Lidoderm patch 5% #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: Regarding the request for Lidoderm, CA MTUS cites that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. In light of the above issues, the requested Lidoderm is not medically necessary.

Physical therapy times 12 to the lumbar spine and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.