

Case Number:	CM15-0221886		
Date Assigned:	11/17/2015	Date of Injury:	07/21/1997
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/11/2015

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, Hawaii
 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:

This is a 63-year-old female with a date of industrial injury 7-21-1997. The medical records indicated the injured worker (IW) was treated for pain in the right and left ankle and joints of the right and left feet. In the progress notes (11-2-15), the IW reported bilateral foot pain. She stated her pain had decreased from her previous visit (5 out of 10 on 10-7-15) to 3 out of 10 with medications. Without medications, her pain was 8 out of 10. Her sleep quality was poor and she had difficulty staying asleep despite trying Melatonin and Benadryl. She reported an increased activity level, that she was taking her medications as prescribed, she experienced no side effects and the medications were working well. Medications were Glucosamine complex; Colace; OxyContin (since at least 5-2015) and Zolpidem (since at least 5-2015). On examination (11-2-15 notes), her gait was antalgic, she wore athletic shoes and athletic insoles. There was tenderness to palpation over the metatarsophalangeal joint of the first and second toe, heel, midfoot and dorsal aspects of the feet. Inversion, eversion and dorsiflexion were painful at end ranges of motion. The neurological exam was intact. Treatments included left foot surgery (2002) and medications. She failed custom orthotics and rigid inserts. The provider stated the 7-1-14 CURES report was appropriate; her 5-29-15 urine drug screen was consistent, according to the official report. OxyContin was stated to provide great benefit; further tapering was discussed - she was down to 10mg per day from 60mg per day. The provider indicated there was no aberrant drug behavior. Ambien was also effective, per the IW, but occasionally causing morning headaches; she was given a sample of Silenor. Medications allowed her to walk 10 blocks, sit 90 minutes and stand 60 minutes, versus walk 4 blocks, sit 45 minutes and stand 20 minutes,

without medications. Household tasks and self-care activities were tolerated 45 minutes at a time with medications, versus only 10 minutes at a time without medications. A signed opiate agreement was on file, per the provider. The provider planned aqua therapy to continue to help the IW self-taper her OxyContin. The IW was 'permanent and stationary' and was not working. A Request for Authorization was received for six aqua therapy sessions for the feet and lower legs; Zolpidem tartrate 5mg #10; and OxyContin 10mg #120. The Utilization Review on 10-16-15 non-certified the request for six aqua therapy sessions for the feet and lower legs and Zolpidem tartrate 5mg #10; the request for OxyContin 10mg #120 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy sessions QTY 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents with pain affecting the bilateral feet. The current request is for Aquatherapy sessions QTY 6. The treating physician report dated 11/2/15 (12B) states, "Requesting trial aqua-therapy 6 sessions to help self-taper OxyContin dose." MTUS page 22 states that, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received physical therapy for the bilateral feet recently. In this case, the current request of 6 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the patient presents with pain affecting the bilateral feet and requires aquatic therapy over land based therapy. The current request is medically necessary.

Zolpidem Tartrate 5mg #10: 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), Pain Chapter, Insomnia treatment, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Zolpidem.

Decision rationale: The patient presents with pain affecting the bilateral feet. The current request is for Zolpidem Tartrate 5mg #10. The MTUS and ACOEM Guidelines do not address

Ambien; however, the ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the use of this medication is outside the 7-10 days recommended by the ODG as the medical records provided indicate the patient has been prescribed Ambien since at least 7/8/15 (61B). The ODG Guidelines do not recommend long-term use of this medication. The current request is not medically necessary.

Oxycontin 10mg #120: Overturned

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, criteria for use.

Decision rationale: The patient presents with pain affecting the bilateral feet. The current request is for Oxycontin 10mg #120. The treating physician report dated 11/2/15 (8B) states, "She states that medications are working well." The report goes on to state, "OxyContin continues to provide great benefit." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 11/2/15 (7B) notes that the patient's pain has decreased from 8/10 to 3/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to cook, clean, self-care, do laundry, grocery shop and the ability to walk on up to 10 blocks. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of OxyContin has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.