

Case Number:	CM15-0044134		
Date Assigned:	03/16/2015	Date of Injury:	06/27/2006
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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, Occupational 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 patient is a 52-year-old female who fractured her left foot fifth metatarsal on June 27th, 2006. She eventually underwent surgery and developed complex regional pain syndrome (CRPS). She is also diagnosed with depression and anxiety. Treatment has included physical therapy, home exercise program, oral medications including opioids, topical medications, foot surgery and sympathetic block. Current symptoms included persistent severe left foot pain in the form of pins and needles. Symptoms have increased so that she reportedly has difficulty standing and walking. The following physical findings are reported erythema, increased swelling over the dorsum, swelling and tactile allodynia. A prior sympathetic block reportedly provided several months of benefit. The treatment plan includes L2-3 sympathetic block, refilling Norco, a follow up reevaluation and aquatic base therapeutic exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

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

Decision rationale: Urine drug testing is considered an option to monitor for illicit drug testing and adherence to a medication regimen. ODG recommends screening using an immunoassay with confirmation testing only for detected substances. The urine drug screen performed included GC/MS confirmation for drugs whether they were detected or not. The GC/MS confirmation testing for numerous prescription drugs that were not detected does not adhere to ODG. The results from the GC/MS testing of drugs that were not detected does not enhance patient care or help direct treatment. The urine drug screen is not medically necessary.

120 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: MTUS 2009 states that short acting opioids are an option to treat intermittent or breakthrough pain. Norco has been provided a fixed amount of medication over the course of treatment. Breakthrough pain should be intermittent and the use of the opioid should vary with the episodes of breakthrough pain or a more detailed history should be obtained to determine why the pain is not sufficiently controlled. The prior reviewer had modified the request from #120 to #90 to wean the patient from short acting opioids so that treatment would adhere to evidence based guidelines. MTUS 2009 also states that opioids should be discontinued if there is no functional improvement attributable to their use. In spite of the potency and number of analgesic agents provided, including long acting and short acting opioids, the patient reports severe pain as well as significant functional limitations. Therefore, the ongoing sustained use of short acting opioids does not adhere to evidence based guidelines. The patient is likely dependent on opioids even though there is no therapeutic benefit, however, MTUS 2009 recommends weaning to prevent withdrawal in these circumstance rather than continued prescription of the medication. Therefore, this request is not medically necessary.

30 Ambien 6.25mg: 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.

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/Zolpidem.

Decision rationale: ODG recommends short-term use of non-benzodiazepine hypnotic agents such as Ambien (zolpidem). These medications are associated with daytime sedation, impair memory and can be habit forming. There is also concern that they can promote pain and depression with long-term use. ODG clearly limits the use of Zolpidem to short-term use and describes the untoward effects associated with long-term use. The medical records contain no extenuating circumstances or clinical reasoning explaining why Ambien should continue to be used in this case. Therefore, this request for Ambien CR 6.25 mg is not medically necessary.

1 Left L2-L3 lumbar sympathetic block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Epidural and sympathetic blocks Page(s): 39.

Decision rationale: MTUS 2009 states that sympathetic blocks have a limited role in treating CRPS as an adjunct to physical therapy and to diagnose. The patient reportedly benefited from the prior sympathetic block but the medical reports do not describe any corresponding reduction in analgesic use or improved function. Pain was reportedly removed as a barrier to function but the level of function remained the same. The patient reportedly experienced significant benefit from the prior injection but the use of analgesic medication and the level of pain limited function remained the same. Therefore, this request for repeat sympathetic blocks is denied since there the medical records do not show a reduction in the amount of analgesic medication provided after the injection. Since there was no meaningful improvement after the injection, the request for lumbar sympathetic block is not medically necessary.