

Case Number:	CM15-0053586		
Date Assigned:	03/27/2015	Date of Injury:	01/17/2003
Decision Date:	05/07/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania
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 44 year old male who has reported bilateral lower extremity symptoms and mental illness after an industrial injury on January 17, 2003. The accident was a crush injury to the left lower extremity resulting in a below the knee amputation. The diagnoses have included a crush injury, left below the knee amputation, neuropathic pain of the left stump, rule out neuroma, posttraumatic stress disorder and depression. Treatment to date has included physical therapy, medications, psychiatric treatment, transcutaneous electrical nerve stimulation (TENS), and a left lower extremity prosthesis. Reports from the primary treating physician during 2012, and 2014-2015 reflect low back, right hip, right ankle, and left stump pain. Sleep was altered and nightmares were present. He stayed in bed during the day. He had a rash from the stump to the thigh, abdomen and back. The treatment plans included continuation of Butrans, Ambien, Topamax, Tylenol #3 or 4, Zoloft, Soma, Minipress, ketoconazole, and Nystop. A report on 10/31/14 states that he can walk up to 30 minutes. There are no reports which discuss the specific results of using any oral medication. There are no reports which discuss specific functional abilities beyond the walking limit. On 2/13/15, there was improvement in the rash after using Diflucan. Pain was 7/10. There were no changes in walking. Sleep was altered. There was stump and low back pain. The folliculitis had resolved. The treatment plan included the medications referred for Independent Medical Review. There was no discussion of the indications for Keflex. As with all of the prior reports, there was no discussion of the specific indications and results of using any of the medications other than the antifungals. On 2/20/15 Utilization Review non-certified Ambien, Butrans, Tylenol #4, Soma, Topamax, and Keflex. Diflucan was certified. Note was made of the recommendations of the MTUS and the Official Disability Guidelines, and that the medications were not providing sufficient benefit and did not meet the indications in those guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30 with 2 refills: 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)-Ambien, mental illness and stress.

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

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. None of the reports discuss this medication and the results of use. Sleep is always described as altered. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, the lack of benefit, and the lack of sufficient evaluation of the sleep disorder.

Butrans 5 mcg/hr patch #4 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain-opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Buprenorphine Page(s): 7-81, 94, 80, 81, 60, 26.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Function and any

specific benefits of using Butrans are not addressed in any of the reports over the last year. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program. None of the reports address work status or equivalent, or discuss the specific functional abilities of this injured worker. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Tylenol #4 #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Buprenorphine Page(s): 7-81, 94, 80, 81, 60, 26.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Function and any specific benefits of using Tylenol #3 or 4 are not addressed in any of the reports over the last year. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program. None of the reports address work status or equivalent, or discuss the specific functional abilities of this injured worker. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. It is not clear why codeine would be prescribed for a patient also using buprenorphine, given that buprenorphine is a partial antagonist and will block the effects of an agonist like codeine. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Soma 350 mg # 90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. No reports address the specific results of taking carisoprodol. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Due to lack of recommendation by the guidelines, the request for carisoprodol is not medically necessary.

Topamax 100 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Medication trials Page(s): 16-22, 60.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. Neuropathic pain may be present in this case. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a 'good' response per the MTUS. None of the reports address the specific results of using Topamax. Per the MTUS, topiramate (Topamax) may be considered for neuropathic pain when other anticonvulsants fail. There is no record of adequate trials of other anticonvulsants. Topamax is not medically necessary based on the lack of significant symptomatic and functional benefit from its use to date primarily, and possibly because of the lack of sufficient trials of other AEDs which should be tried first (there may be older records showing such trials).

Keflex 500 mg #20 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Cephalexin: Drug information. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS does not address Keflex. An alternative guideline, UpToDate, was used instead. Keflex is an antibiotic which may be used for a variety of kinds of infections. The treating physician has not provided evidence of any current infection for which Keflex might

be indicated. The only possible indication per the records would be 'folliculitis' which was stated to have resolved. Given the lack of any clear indication, Keflex is not medically necessary.