

Case Number:	CM15-0081225		
Date Assigned:	05/01/2015	Date of Injury:	01/06/2007
Decision Date:	07/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, California
 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:

This is a 68 year old male patient, who sustained an industrial injury on 01/06/2007. The diagnoses have included osteoarthritis of ankle, fracture of calcaneus and heel pain. Per the doctor's note dated 03/18/2015 he had constant burring in his left foot and aching pain in his heel and ankle. The physical examination of the left lower extremity revealed ecchymosis over the ankle and joint swelling; limited inversion. The medications list includes ambien, flexeril, vicodin, voltaren gel and sonata. He has undergone seven surgeries for left ankle. Treatment to date has included medication. The provider requested Vicodin ES 7.5/300mg #90, Gabapentin 100mg #120 with 3 refills, Sonata 5mg #30 and Sonata 5mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg #90 between 4/23/15 and 06/1/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Vicodin contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. Response to lower potency opioid like tramadol is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The request for Vicodin ES 7.5/300mg #90 between 4/23/15 and 06/1/15 is not medically necessary or established for this patient at this time.

Gabapentin 100mg #120 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." Per the records provided patient had constant burning in his left foot and aching pain in his heel and ankle with history of seven surgeries for left ankle for calcaneal fracture. The physical examination of the left lower extremity revealed ecchymosis over the ankle and joint swelling; limited inversion. The pt has chronic pain along with evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 100mg #120 with 3 refills is medically appropriate and necessary for this patient.

Sonata 5mg #30 between 03/18/15 and 6/1/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/15/14) Insomnia treatment (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine- receptor agonists) Sonata contains zaleplon which is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only.

Decision rationale: CA MTUS does not specifically address this request. Per the ODG "Zaleplon (Sonata) reduces sleep latency." This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." A trial of other non pharmacological measures for the treatment of insomnia was not specified in the records provided. In addition, zaleplon is approved for short-term use only. Patient is taking ambien and flexeril as well. The effect of these medications on the insomnia is not specified in the records provided. The request for Sonata 5mg #30 between 03/18/15 and 6/1/15 is not medically necessary or fully established for this patient at this time.

Sonata 5mg #30 with 2 refills between 03/18/15 and 07/01/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/15/14) Insomnia treatment (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists).

Decision rationale: Sonata contains zaleplon which is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per the ODG "Zaleplon (Sonata) reduces sleep latency." This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." A trial of other non pharmacological measures for the treatment of insomnia was not specified in the records provided. In addition, zaleplon is approved for short-term use only. Patient is taking ambien and flexeril as well. The effect of these medications on the insomnia is not specified in the records provided. The request for Sonata 5mg #30 with 2 refills between 03/18/15 and 07/01/15 is not medically necessary or fully established for this patient at this time.