

Case Number:	CM15-0086806		
Date Assigned:	05/11/2015	Date of Injury:	04/02/2013
Decision Date:	09/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 48 year old male patient who sustained an industrial injury on 04/02/2013. The injury is described as a 30 foot fall through a ceiling with resulting in multiple bodily injuries to involve the right ankle/foot fracture, left foot fracture with surgical repair in 08/2013. A primary treating office visit dated 10/20/2014 reported subjective complaint of continues with significant problems with pain in bilateral feet. The following diagnoses are applied: clotting disorder, arthritis, muscle weakness, and diabetes. Current medications are: Acyclovir, Vyvanse, Omeprazole, Glipizide, Metformin, OxyContin, Gabapentin, Clonazepam, Temazepam, and Tramadol. Objective findings showed left foot with hammertoe deformities of all the lesser toes. The second and third toes are in valgus. There is significant plantar prominence of the second and third metatarsal heads. There are healed scars over the medial and lateral left hind foot. There is a scar on the plantar aspect of the right heel. There is mild swelling diffusely around the feet and ankles. There is pain over the dorsal PIP joints and plantar tips of all toes on both feet. There is pain over the surgical site on the left foot, under both arches, over the anterior aspect of both ankles. New radiography studies of the left foot were taken this visit. The assessment noted the patient with right foot claw toe/hammertoe deformities; right foot calcaneus-cuboid joint arthritis; left forefoot deformities 2-5th hammertoe deformities, mal union of 2nd and 3rd metatarsal fracture; status post left foot triple arthrodesis, and bilateral ankle joint stiffness. The plan of care involved: to assist the right foot with exercises to help the plantar flexion and the patient may be partial weight bearing with an increase to full weight bearing with a stiff soled shoe. For the left foot that patient is a surgical

candidate for reconstruction. He is to follow up in 4 weeks. Documentation showed home health services utilized from 07/18/2014-09/15/2014. A primary treating office visit dated 07/24/2014 reported the patient ambulating with a walker, knee brace with subjective complaints of bilateral foot pain and right elbow pain. The following diagnoses are applied: posttraumatic stress disorder, bilateral sacroiliac radiculitis; right knee tear; right elbow fracture; right foot fracture and left foot fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #30 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Klonopin is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) In this case, a medication in this class would not be advised for continued use due to the duration of therapy. As such, the request is not medically necessary.

Restoril 30mg #30 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Restoril is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) In this case, a medication in this class would not be advised for continued use due to the duration of therapy. As such, the request is not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Oxycodone IR 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Tramadol 50mg #30 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83 of 127.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of tramadol for osteoarthritis is indicated for short term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria or indications. As such, the request is not medically necessary.

Senna #30 x2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html>.

Decision rationale: The request is for the use of Senna which is a product usually used for constipation. Senna is an FDA-approved nonprescription laxative. Senna is an herb. The leaves and the fruit of the plant are used to make medicine. The MTUS and ODG guidelines are silent regarding this topic and as such, an alternative source was used. Senna is an effective agent and can be used safely for chronic constipation. In this case, the need for the stool softener is likely secondary to chronic opioid use, which is not advised for continued use. As such, the request is not medically necessary.

Colace 200mg #60 x2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780140/>.

Decision rationale: The request is for the use of Colace which is a product usually used for constipation. Its active ingredient is docusate sodium which is a surface active agent laxative. The MTUS and ODG guidelines are silent regarding this topic and as such, an alternative source was used. Docusate is an effective agent and can be used safely for chronic constipation. In this case, the need for the stool softener is likely secondary to chronic opioid use, which is not advised for continued use. As such, the request is not medically necessary.