

Case Number:	CM15-0095066		
Date Assigned:	05/21/2015	Date of Injury:	08/15/2009
Decision Date:	08/26/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/18/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 61-year-old who has filed a claim for chronic low back, knee, and elbow pain reportedly associated with an industrial injury of August 15, 2009. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for Voltaren gel, oxycodone extended-release, Percocet, and Ambien. The claims administrator referenced a May 8, 2015 RFA form and an associated progress note of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. In a prescription form dated January 12, 2015, Colace, Neurontin, Prilosec, OxyContin, Percocet, MiraLax, Voltaren gel, and Ambien were all prescribed. On February 4, 2015, additional physical therapy was sought. The applicant was given a rather proscriptive 5-pound lifting limitation. Ongoing complaints of arm, elbow, and knee pain were noted status post earlier knee arthroplasty procedure. The applicant had also undergone an ulnar neurolysis procedure, it was reported. The applicant was severely obese, with a BMI of 44. No seeming discussion of medication efficacy transpired at this point in time. The treating provider suggested that the applicant's employer was unable to accommodate the 5-pound lifting limitation, resulting in the applicant's removal from the workplace. In a January 12, 2015 pain management note, the applicant was described as off of work and having reportedly retired. Multifocal complaints of low back pain, neck, mid back, knee, leg, and elbow pain were reported. The applicant posited that omeprazole had attenuated symptoms of heartburn. Colace and MiraLax had reportedly ameliorated issues with constipation, it was reported. The attending provider posited that the applicant's medications were reducing his pain scores from 10/10 without medications to 4/10 with medications. The

applicant was asked to remain off of work. The attending provider acknowledged that activities of daily living including walking remained problematic. On June 29, 2015, the applicant received lumbar medial branch blocks under fluoroscopic guidance. In a handwritten note dated July 7, 2015, the applicant reported ongoing complaints of knee and low back pain. The note was handwritten, difficult to follow, and not entirely legible. The applicant reported difficulty negotiating stairs and was apparently using a cane to move about, it was acknowledged. The applicant was asked to continue knee bracing. Lumbar MRI imaging was recommended. No seeming discussion of medication efficacy transpired at this point. A May 27, 2015 progress note likewise made no mention of medication selection or medication efficacy. On June 3, 2015, the applicant reported ongoing complaints of neck, mid back, low back, elbow, and knee pain, 8-9/10 without medications versus 3/10 with medications. The applicant was asked to remain off of work. The treating provider acknowledged that walking remained problematic. The attending provider suggested in one section of the note that the applicant was deriving benefit from his analgesic medications but then suggested, toward the bottom of the report, that the applicant begin weaning down on Neurontin, OxyContin, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Percocet 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant failed to return to work, it was suggested on multiple progress notes, referenced above. While it was acknowledged that this may have been a function of age-related retirement as opposed to a function of the applicant's chronic pain issues, the attending provider nevertheless failed to outline meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing medication consumption. The attending provider's report of June 3, 2015 suggested that walking remained problematic as of that point in time. A handwritten July 7, 2015 progress note suggested that the applicant was obese, was having difficulty negotiating stairs, was using a cane to move about as of that point in time. The applicant's failure to return to work and continued difficulty performing activities of daily living as basic as standing and walking, thus, outweighed any subjective reports of analgesia achieved as a result of ongoing medication consumption. Therefore, the request was not medically necessary.

Pharmacy purchase of Zolpidem 10mg, QTY: 30: 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, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for zolpidem (Ambien) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the renewal request for zolpidem (Ambien), thus, represents treatment in excess of the FDA label. ODG's Chronic Pain Chapter Zolpidem topic also notes that zolpidem is recommended in the short-term treatment of insomnia (as opposed to the chronic use purpose for which it is employed here). The attending provider failed to furnish a clear or compelling rationale for continued usage of zolpidem in the face of the unfavorable FDA and ODG positions on long-term usage of the same. Therefore, the request was not medically necessary.

Pharmacy purchase of Voltaren topical gel 1% tube 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of knee arthritis, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the applicant has failed to return to work, despite ongoing usage of Voltaren gel. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, and negotiating stairs, despite ongoing usage of Voltaren gel. Ongoing usage of Voltaren gel failed to curtail the applicant's dependence on opioid agents such as OxyContin and Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Voltaren gel. Therefore, the request was not medically necessary.

Pharmacy purchase of Oxycontin 80mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the applicant's continued difficulty performing activities of daily living as basic as standing, walking, and negotiating stairs. Therefore, the request was not medically necessary.