

Case Number:	CM15-0233729		
Date Assigned:	12/09/2015	Date of Injury:	11/17/1992
Decision Date:	01/13/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/30/2015

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 70 year old female, who sustained an industrial injury on 11-17-1992. She has reported injury to the low back, bilateral knees, and bilateral ankles and feet. The diagnoses have included bilateral knees osteoarthritis; right knee meniscus tear of the posterior horn complex of the entire lateral meniscus; left knee replacement in 2005; status post lumbar spine surgery, in 08-2013; and right ankle MRI showing degeneration with osteophyte formation. Treatment to date has included medications, diagnostics, viscosupplementation to the bilateral knees, bone stimulator, and surgical intervention. Medications have included Oxycodone, Norco, Lidoderm patch, Prilosec, and Ambien. A progress report from the treating physician, dated 07-16-2015, documented an evaluation with the injured worker. The injured worker reported that she is experiencing some swelling of the ankle in both legs, much worse on the right side at this time; she was seen by a foot and ankle specialist; and she is waiting for the second opinion. The treating provider noted that "the patient weaned herself off the Oxycodone, but is still taking Norco" and "we are ordering a bone stimulator for the patient". The treatment plan has included the request for Prilosec 20 mg, quantity 50; Lidoderm 5% patch, quantity 90; and Ambien 10 mg, quantity 30. The original utilization review, dated 11-16-2015, non-certified the request for Prilosec 20 mg, quantity 50, and Lidoderm 5% patch, quantity 90; and denied the request for Ambien 10 mg, quantity 30, however one month supply is approved for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Prilosec 20 mg Qty 50, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has some swelling of the ankle in both legs, much worse on the right side at this time; she was seen by a foot and ankle specialist; and she is waiting for the second opinion. The treating provider noted that "the patient weaned herself off the Oxycodone, but is still taking Norco" and "we are ordering a bone stimulator for the patient". The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20 mg Qty 50 is not medically necessary.

Lidoderm 5% patch, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The requested Lidoderm 5% patch, Qty 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has some swelling of the ankle in both legs, much worse on the right side at this time; she was seen by a foot and ankle specialist; and she is waiting for the second opinion. The treating provider noted that "the patient weaned herself off the Oxycodone, but is still taking Norco" and "we are ordering a bone stimulator for the patient". The treating physician has not documented objective evidence of functional improvement from the previous use of this topical

agent. The criteria noted above not having been met, Lidoderm 5% patch, Qty 90 is not medically necessary.

Ambien 10 mg 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: Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10 mg Qty 30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has some swelling of the ankle in both legs, much worse on the right side at this time; she was seen by a foot and ankle specialist; and she is waiting for the second opinion. The treating provider noted that "the patient weaned herself off the Oxycodone, but is still taking Norco" and "we are ordering a bone stimulator for the patient". The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10 mg Qty 30 is not medically necessary.