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| Case Number: | CM14-0141425 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 11/21/2002 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 11/21/2002. The mechanism of injury was a fall. The diagnoses included chronic pain syndrome, status post left knee total arthroplasty, lumbar postlaminectomy/fusion syndrome, sacroiliac joint pain, lumbar facet joint pain, and degenerative joint disease of the knee. Past treatments have included physical therapy. There were no imaging studies provided for review. The surgical history included a left knee total arthroplasty. The progress note, dated 07/24/2014, noted the injured worker complained of pain, rated 7/10, to his left knee. The physical exam revealed extension to nearly 0 degrees, and flexion to approximately 130 degrees. The physician noted a subjective clunking within the prosthetic joint, and a recent patellar dislocation. The neurological exam notes 5/5 motor strength throughout the bilateral lower extremities. His medications included Norco 10/325 mg 1 tablet every 6 hours as needed for pain, naproxen 550 mg 1 tablet every 8 hours, and zolpidem 10 mg at bedtime. The injured worker also complained of sleep disturbance, depression, and weight gain. The treatment plan recommended physical therapy x12 for the left knee aggravation and to continue Norco, naproxen, zolpidem, and Terocin. The physician further notes an opiate contract was signed, and CURES and UA were obtained. The Request for Authorization form was submitted for review on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

Decision rationale: The request for naproxen 550mg #60 is not medically necessary. The injured worker had pain to his knee rated 7/10. The California MTUS Guidelines recommend naproxen for the relief of the signs and symptoms of osteoarthritis over the shortest duration, and for short term symptomatic relief of chronic low back pain. It is not recommended for the treatment of neuropathic pain or for long term use. It is unclear how long the injured worker has been using NSAIDs. The documentation provided indicates NSAID use since as early as 06/2014. There is a lack of documentation indicating the injured worker has had significant objective functional improvement or improvement in pain with the medication use. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to establish medical necessity. Given the above, the continued use of naproxen is not indicated at this time. As such, the request is not medically necessary.

Terocin Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The request for Terocin patches #30 is not medically necessary. The injured worker had a complaint of knee pain rated 7/10. Terocin patches contain lidocaine and menthol. The California MTUS Guidelines recommend lidocaine patches, with Lidoderm as the only approved patch form of lidocaine, for neuropathic pain with localized peripheral pain after documented evidence of failure of first line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica), and is not recommended for non-neuropathic pain. There is a lack of evidence indicating the injured worker had neuropathic pain. There is a lack of evidence of failure of first line medications. The location and frequency intended for use is not included to establish medical necessity. Given the above, the use of Terocin patches is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 78-80.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. The California MTUS Guidelines recommend opioids as second line treatment of moderate to moderately severe pain, and for long term management of chronic pain when pain and functional improvement are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. It is not clear how long the injured worker has been taking Norco. There was a lack of documentation of failure of first line medications. There is a lack of documentation indicating the injured worker has had significant objective functional improvement with the use of the medication. There is no documentation of the assessment of side effects. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.

Zolpidem 10mg #30: 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 Official Disability Guidelines (ODG) Pain, Ambien.

Decision rationale: The request for zolpidem 10mg #30 is not medically necessary. The injured worker had a complaint of sleep disturbance and depression. The Official Disability Guidelines recommend Ambien as a nonbenzodiazepine hypnotic, for the short term (2 to 6 weeks) treatment of insomnia. Sleeping pills are not recommended for long term use, as they can be habit forming and may impair memory and function more than opioids. There is also concern they may increase pain and depression over the long term. The injured worker has been taking Ambien since as early as 06/2014. This exceeds the guideline recommendations for short term use. There is a lack of documentation of the assessment of insomnia. There is no evidence provided of the efficacy of the medication. The continued use of Ambien is not indicated or supported at this time. Therefore, the request is not medically necessary.