

Case Number:	CM14-0091206		
Date Assigned:	08/08/2014	Date of Injury:	06/02/2008
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 67-year-old male who reported injury on 06/02/2008. The mechanism of injury was the injured worker was climbing down a ladder, missed a rung and fell backwards. The injured worker previously had undergone an MRI of the lumbar spine. The injured worker was being monitored for aberrant drug behavior through urine drug screen. Prior surgeries included right ankle surgery in 05/2010 and 08/2010 and 3 ankle surgeries in 06/2008 including an open reduction internal fixation. The injured worker had a flexor tendon release in the right second toe in 03/2009. The injured worker had other noncontributory surgeries. The injured worker's medication history included opioids, Colace, gabapentin 400 mg, Effexor 75 mg, and zolpidem as of 12/2013. However, it was indicated zolpidem gave the injured worker nightmares. Prior treatments included physical therapy and a radiofrequency ablation. The documentation indicated the injured worker was taking omeprazole in 2012. The injured worker was noted to be monitored for aberrant drug behavior through the use of urine drug screens. The documentation of 05/14/2014 revealed the injured worker did not get his Ambien and had a difficult time sleeping. The injured worker was noted to be utilization Norco once a day for severe pain. The Neurontin was noted to help with neuropathic pain. The Effexor was noted to help with depression. The Prilosec was helping with stomach issues. The documentation indicated the injured worker had acid reflex and gastritis from the prior use of NSAIDS. The current meds were noted to include Norco 10/325 one a day, Colace 100 mg 2 to 3 a day as needed for constipation, Neurontin 400 mg 1 three times a day, Effexor XR 75 mg by mouth daily, and Prilosec 20 mg twice a day. The documentation indicated there was no significant change in the objective findings. The diagnoses included status post ORIF of the right ankle and foot for complex fractures, status post multiple surgeries of the right ankle with the most recent one in 01/2011, right-sided low back pain, MRI of the lumbar spine from 07/21/2011 showing

left-sided protrusion at L4-5, facet arthropathies, Schmorl's node at L2-3 and disc height loss. Additional diagnoses included status post radiofrequency ablation on the right at L3, L4 and L5 on 10/2011, along with depression and anxiety due to chronic pain. The treatment plan included a trial of Lunesta 3 mg at night time and refills of medications. There was a DWC Form RFA submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; Ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg quantity 60 is not medically necessary.

Colace 100mg, qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment for constipation due to opiate use. The clinical documentation submitted for review indicated the injured worker had utilized the medication since late 2013. There was a lack of documentation of the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Colace 100 mg quantity 180 is not medically necessary.

Neurontin 400mg, qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker was utilizing the medication since late 2013. There was a lack of documentation meeting the above criteria. The documentation indicated the medication was beneficial for the injured worker. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 400 mg quantity 180 is not medically necessary.

Effexor XR 75mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the injured worker had signs and symptoms of depression and had insomnia. The clinical documentation indicated the injured worker had utilized the medication since late 2013. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. The request as submitted failed to indicate the request for the requested medication. Given the above, the request for Effexor XR mg quantity 60 is not medically necessary.

Prilosec 20mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 2012. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg quantity 120 is not medically necessary.

Lunesta 3mg, qty 60: 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), Treatment Index, 12th Edition (Web), 2014, Pain, Eszopicolone (Lunesta), Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta.

Decision rationale: The Official Disability Guidelines indicate that Lunesta is supported for the short term treatment of insomnia for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had previously trialed an insomnia agent, zolpidem. There was a lack of documented efficacy for the requested medication. The duration of use of this type of medication was since at least 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 3 mg quantity 60 is not medically necessary.