

Case Number:	CM14-0169854		
Date Assigned:	12/15/2014	Date of Injury:	11/03/2006
Decision Date:	01/15/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Interventional Spine and is licensed to practice in California. 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 patient is a 44-year-old male with date of injury of 11/03/2006. The listed diagnoses from 03/07/2014 are status post crush injury to the left lower extremity, posttraumatic stress syndrome, lumbar sprain/spondylosis aggravated by painful gait, sleep disturbance, erectile dysfunction, and left knee internal derangement. According to this report, the patient complains of persistent left knee pain and left lower extremity pain. He has been using Vicodin ES daily for pain control. The patient also uses Flector patch for inflammation, Ambien for sleep disturbance, Prilosec for gastritis caused by medication, and Viagra. The examination shows the patient has an antalgic gait favoring the left lower extremity. He has dense hypoesthesia in the left saphenous nerve distribution. There is obvious swelling in the left knee compared to the right. Crepitus heard throughout range of motion and positive patellofemoral test. The documents include a QME report from 03/07/2013, physical therapy reports from 2013, psychotherapy reports from 2013, urine toxicology from 06/04/2013 and 09/10/2013, and progress reports from 05/31/2013 to 05/02/2014. The utilization review denied the request on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 qualitative urine drug test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with left knee pain and left lower extremity pain. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. The UDS from 06/04/2013 and 09/10/2013 showed consistent results. The patient is currently taking Norco for breakthrough pain. The 05/02/2014 report notes that a CURES report was obtained that showed compliance with narcotics agreement. While the physician does not discuss the patient's "risk assessment," once yearly urine drug screen is recommended following initial screening within the first 6 months for low-risk opiate users. The request is medically necessary.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

Decision rationale: This patient presents with left knee and left lower extremity pain. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on Zolpidem states "Zolpidem, (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien on 05/31/2013. Ambien is not indicated for long-term use per the ODG Guidelines. The request is not medically necessary.

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Lidoderm

Decision rationale: This patient presents with left knee pain and left lower extremity pain. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records do not show a history of Lidoderm patch use. In this case, the patient does present with localized neuropathic peripheral pain as required by MTUS and ODG. The physician has documented lower extremity pain and hypoesthesia that is localized to the left saphenous nerve distribution. A trial of Lidoderm patch is indicated for this patient. However, the current request is for an undetermined amount for an undetermined period of time which is not a valid prescription. The current request is not medically necessary as there is no quantity and duration provided in this request.

4 urine drug tests: 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 (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with left knee pain and left lower extremity pain. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. The records show two urine drug screens from 06/04/2013 and 09/10/2013 that showed consistent results. The patient is currently taking Norco for breakthrough pain. The 05/02/2014 report notes that a CURES report was obtained that showed compliance with narcotics agreement. While the physician does not discuss the patient's "risk assessment," MTUS recommends an initial screening and a follow-up within the first 6 months for a total up to 2 per year. The report making the request is missing to determine the rationale behind the request. It is unclear why the physician is requesting 4 UDS when a "risk assessment" for the patient was not clearly discussed. The request is not medically necessary.

1 MRI left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter on MRI

Decision rationale: This patient presents with left knee and left lower extremity pain. The ACOEM Guidelines page 374 on MRI of the foot/ankle states. "Imaging may be indicated to clarify the diagnosis and assist reconditioning. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." ODG states, "MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries." The records do not show any previous MRI of the left ankle. The examination from the 05/02/2014 does not show any findings on the left ankle. The report making the request is missing. While the patient does have a crush injury in the left lower extremity, there is no examination and discussion as to the rationale behind the request. The request is not medically necessary.