

Case Number:	CM15-0116311		
Date Assigned:	06/24/2015	Date of Injury:	08/30/2006
Decision Date:	07/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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 62-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 30, 2006. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for Norco, topical Xoten lotion, and Ambien. The claims administrator referenced a RFA form received on June 4, 2015 in its determination. The claims administrator's medical evidence log seemingly suggested that the most recent medical note on file was dated January 29, 2015 and that the most recent note on file was a physical therapy note of March 12, 2015; thus, the June 4, 2015 RFA form and any associated progress notes were not seemingly incorporated into the IMR packet. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported ongoing complaints of knee pain, 6-7/10, status post earlier total knee arthroplasty revision of December 8, 2014. The applicant was on Norco for pain relief. The applicant was using a cane to move about. 90 degrees of knee range of motion were reported. Additional physical therapy and Ambien were endorsed. Medication selection and medication efficacy were not detailed. The applicant's complete medication list was not attached, although it was stated toward the top of the report that the applicant was using Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 7.5/325mg: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, 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 because of the same. Here, however, the applicant's work and functional status were unknown as the June 4, 2015 RFA form and associated June 3, 2015 progress note on which Norco was renewed were not incorporated into the IMR packet. The historical notes on file did not establish the presence of a demonstrably favorable response to previous usage of Norco. Therefore, the request was not medically necessary.

1 Bottle of Xoten-C: 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Drug Facts - DailyMeddaily.med.nlm.nih.gov/dailymed/getFile.cfm?setid...6bc6...XOTEN-C - methyl salicylate, menthol and capsaicin lotion.

Decision rationale: Similarly, the request for Xoten-C lotion was not medically necessary, medically appropriate, or indicated here. Xoten, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the tertiary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, as with the preceding request, neither the June 3, 2015 progress note nor the June 4, 2015 RFA form on which the article in question was sought was incorporated into the IMR packet. The historical information on file did not, however, establish the presence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Xoten lotion in question. Therefore, the request was not medically necessary.

30 tablets of 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, Pain Chapter, and Online Version.

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 U.S. Food and Drug Administration.

Decision rationale: Finally, the request for Ambien, a sleep aid, 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 that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant was seemingly using Ambien for a minimum of several months. The applicant was seemingly given Ambien for the first time via a historical progress note of January 29, 2015. The information on file did not, thus, support a continued role for ongoing usage of Ambien in the face of the unfavorable FDA position on usage of the same beyond 35 days. While it is acknowledged that the June 2015 progress note on which Ambien was renewed was not seemingly incorporated into the IMR packet, the information on file failed to support or substantiates the request. Therefore, the request was not medically necessary.