

Case Number:	CM15-0117040		
Date Assigned:	06/25/2015	Date of Injury:	09/25/2004
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
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: Pennsylvania
 Certification(s)/Specialty: Internal 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 37 year old male injured worker suffered an industrial injury on 9/25/2004. The diagnoses included persisting right knee pain with prior arthroscopy, depression, and insomnia. The diagnostics included right knee magnetic resonance imaging. The injured worker had been treated with surgery, transcutaneous electrical nerve stimulation (TENS), medications and knee hinged brace. Omeprazole was prescribed since January 2015 for dyspepsia from medication use. Ambien was prescribed since December 2014 for insomnia due to pain. Norco was prescribed since July 2012 and Methadone was prescribed since September 2012. On 5/18/2015 the treating provider noted the injured worker reported severe throbbing pain in the right knee. He was wearing a hinged knee brace and cannot walk without it. The pain was rated 8/10, at best with medications 4/10 and 10/10 without medications. He reported 50% functional improvement in activities of daily living with medications. On exam the right knee revealed limited range of motion with excessive laxity in all planes. Current medications included methadone, norco, abilify, prozac, omeprazole, and ambien. The treatment plan included Methadone, Norco, Ambien, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: Opioids.

Decision rationale: This injured worker has chronic knee pain. Methadone has been prescribed for more than two years. The MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is insufficient evidence that the treating physician is prescribing opioids according to function, with discussion of functional goals, return to work, opioid contract, and urine drug screening. None of these aspects of prescribing are in evidence. Work status was not discussed and return to work was not documented. A detailed pain assessment was not submitted. There was no documentation of improvement in specific activities of daily living as a result of use of methadone. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." As currently prescribed, methadone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: Opioids.

Decision rationale: This injured worker has chronic knee pain. Norco has been prescribed for more than two years. The MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is insufficient evidence that the treating physician is prescribing opioids according to function, with discussion of functional goals, return to work, opioid contract, and urine drug screening. None of these aspects of prescribing are in evidence.

Work status was not recently discussed and return to work was not documented. A detailed pain assessment was not submitted. There was no documentation of improvement in specific activities of daily living as a result of use of norco. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The dose and quantity of norco were not specified in the request, although the progress note of 5/18/15 indicates a prescription for norco 10/325 2 tablets four times daily as needed quantity 240 tablets. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 Prescription of Ambien 10mg #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, Ambien.

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, Ambien.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. The records indicate that ambien has been prescribed for this injured worker for at least 5 months. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Due to length of use in excess of the guideline recommendations, and lack of documentation of evaluation for sleep disturbance, the request for ambien is not medically necessary.

1 Prescription of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan health system.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation UpToDate: Medical management of gastroesophageal reflux disease in adults. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these conditions were noted to be present for this injured worker, and use of a NSAID was not noted. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. In this case, omeprazole has been prescribed for five months, for dyspepsia secondary to medications. If one were to presume that a medication were to be the cause of the undescribed gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. There are no medical reports which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after in the absence of sufficient evaluation is not indicated. The UpToDate reference cited states that PPIs should be used in patients who fail twice-daily histamine 2-receptor antagonist therapy, and in patients with erosive esophagitis and/or frequent (two or more episodes per week) or severe symptoms of GERD that impair quality of life. None of these indications were documented for this injured worker. Due lack of specific indication, the request for omeprazole is not medically necessary.