

Case Number:	CM15-0165184		
Date Assigned:	09/02/2015	Date of Injury:	05/20/1997
Decision Date:	12/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 56 year old male, who sustained an industrial injury on May 20, 1997, incurring right hip and low back injuries. He had a history of a right fractured hip with an open reduction internal fixation complicated by an infection. In 1996, he developed avascular necrosis of the right hip and underwent a right total hip replacement followed by a post-operative infection. He had further hip and back injuries from other industrial injuries and underwent additional surgical intervention of his hip. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, anti-anxiety medications, antibiotics, neuropathic medications, physical therapy, and activity restrictions. Currently, the injured worker complained of persistent right hip, groin and low back pain with radicular symptoms to the bilateral lower extremities rated 5 out of 10 on a pain scale with medications and 8 out of 10 without medications. He was noted to have right hip tenderness, decreased right hip range of motion, reduced leg strength and diminished sensation in the lower extremities. He reported his hip and back pain increased with activities of daily living included lifting and prolonged weight bearing. He was diagnosed with chronic right hip enthesopathy, chronic right hip osteomyelitis, chronic pain syndrome of the right hip and low back, lumbar degenerative disc disease and bilateral sciatica pain. The treatment plan that was requested for authorization on August 24, 2015, included prescriptions for Dilaudid 8mg #180, Silenor 3mg #30 with one refill, Doxycycline Hyclate 100mg #60 with two refills and Neurontin. On July 24, 2015, utilization review modified Silenor 3 mg #30; modified Doxycycline Hyclate 100 mg #60 with 2 refills; modified Dilaudid 8 mg #70; and denied the prescription Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioid analgesics for moderate to severe pain, such as Dilaudid, may be added. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of the medication's pain relief duration, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Silenor 3 mg, thirty count with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Doxepin is a tricyclic antidepressant used to treat depression anxiety disorders pruritus, insomnia and as a second-line treatment of chronic idiopathic urticaria. The documentation indicates that the patient has a history of insomnia and the medication proved beneficial. Medical necessity for the requested medication has not been established. The requested medication is medically necessary.

Doxycycline Hyclate 100 mg, sixty count with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Surgery is indicated for osteomyelitis if the patient has not responded to specific antimicrobial treatment, if there is evidence of a persistent soft tissue abscess or subperiosteal collection, or if concomitant joint infection is suspected. Debridement of necrotic tissues, removal of foreign materials, and sometimes skin closure of chronic unhealed wounds are necessary in some cases. Antibiotic treatment should be based on the identification of pathogens from bone cultures at the time of bone biopsy or debridement. Bone cultures are obtained first, and suspected pathogens are then covered by initiation of a parenteral antimicrobial treatment. However, treatment may be modified once the organism is identified. Parenteral and oral antibiotics may be used alone or in combination depending on microorganism sensitivity results, patient compliance, and infectious disease consultation. Guidelines indicate the use of prolonged antibiotic therapy for the treatment of osteomyelitis. In this case, the continued use of Doxycycline is medically indicated. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Neurontin 300 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records document that the patient has previously tried and failed Gabapentin therapy. There is no documentation of objective findings consistent with current neuropathic pain to necessitate the use of Gabapentin. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.