

Case Number:	CM15-0073000		
Date Assigned:	04/23/2015	Date of Injury:	08/15/2009
Decision Date:	06/22/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/16/2015

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:

This 61 year old man sustained an industrial injury on 8/15/2009. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, lumbar spinal stenosis, lower leg osteoarthritis, sprains and strains of elbow and forearm, and chondromalacia of patella. Treatment has included left total knee arthroplasty (December 2013), right elbow surgery (December 2014) for right elbow arthritis, physical therapy, home exercise program, and medications. Oxycontin, Percocet, Zolpidem, Voltaren gel, and other medications were prescribed in November 2014. Voltaren gel was noted to help relieve pain in the elbows. At a visit on 1/12/15, the injured worker reported pain in the lower back, neck, thoracic, bilateral knee, bilateral leg, and bilateral elbow. Pain was rated 10/10 without medication and 4/10 with medication. At a visit on 2/9/15, it was noted that with medications as a group, the injured worker was able to go to the grocery store and walk about 2 blocks daily. Physician notes dated 4/6/2015 indicate that the injured worker complains of neck, mid and lower back, bilateral elbow, and knee pain. Without medication, pain was rated 9/10 in severity and with medication, pain was rated 4/10 in severity. Medications included docusate, Omeprazole, Oxycontin, Percocet, polyethylene glycol, Voltaren gel, and Zolpidem. Zolpidem was noted to help with sleep. Examination showed decreased range of motion of the right elbow due to pain and severe tenderness to palpation right olecranon. It was noted that the injured worker had a narcotic agreement on file, that there was no aberrant behavior, and that urine drug screen was consistent with prescribed medications. Work status was noted as off work/retired. Urine drug screens dated 1/15/15 and 3/19/15 were submitted and consistent. On 4/15/15,

Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic multifocal pain. Oxycontin has been prescribed since at least November 2014, for at least five months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and the injured worker was consistently noted to be not working and retired. The treating physician did note an opioid contract and urine drug testing was performed and was consistent with prescribed medications. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. 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." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvements in activities of daily living were not noted as a result of this medication. As currently prescribed, Oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic multifocal pain. Percocet has been prescribed since at least November 2014, for at least five months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug

testing, and opioid contract. No functional goals were discussed, and the injured worker was consistently noted to be not working and retired. The treating physician did note an opioid contract and urine drug testing was performed and was consistent with prescribed medications. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. 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." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvements in activities of daily living were not noted as a result of this medication. As currently prescribed, Percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Zolpidem 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, Chronic Pain, Zolpidem (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.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. Zolpidem was noted to help with sleep. 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. 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. 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. In this case, Zolpidem has been prescribed for at least five months. Due to length of use in excess of the guidelines and lack of evaluation for sleep disturbance, the request for Zolpidem is not medically necessary.

Voltaren topical gel 1% 100mg tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. They are recommended for short-term use (4-12 weeks). Topical non-steroidals are not recommended for neuropathic pain. The only FDA-approved topical NSAIDS are diclofenac formulations (Flector patch, diclofenac gel, Pennsaid solution). The MTUS lists Voltaren gel 1% as FDA- approved. In this case, the documentation did indicate that this injured worker has osteoarthritis of the elbow and that Voltaren gel was used for elbow pain. However, Voltaren gel has been prescribed since at least November 2014, for five months, which is longer than the treatment duration recommended by the MTUS. In addition, there was no documentation of functional improvement as a result of its use. Work status was noted as off work/retired, there was no documentation of specific improvements in activities of daily living, no documentation of reduction in medication use, and no decrease in the frequency of office visits. Due to length of use in excess of the guidelines and lack of functional improvement, the request for Voltaren gel is not medically necessary.