

<b>Case Number:</b>	CM15-0073303		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/23/1994
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 female, who sustained an industrial injury on March 23, 1994. She reports twisting her left ankle and aggravation of a pre-existing injury. The injured worker was diagnosed as having a closed fracture of the medial malleolus and osteoarthritis unspecified foot/ankle. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit, activity modifications, and UCB shells, medications including pain, anti-epilepsy, sleep, and non-steroidal anti-inflammatory. On March 8, 2015, the injured worker complains of chronic, constant aching lumbar pain with radiation to the mid back, coccyx, and buttocks, greater on the left than the right. The pain is rated: least 2/10 and worst 8/10. She complains of chronic, constant aching and burning pain of the left ankle lateral malleolus radiating across the lateral aspect of the foot across all toes and up the leg to the hip and back. There is occasional numbness and tingling across all toes. The pain is rated: least = 3/10 and worst = 8/10. In addition, she complains of chronic, constant aching pain of the left knee radiating up to the hip with locking, clicking, or giving out. The pain is rated: least = 3/10 and worst = 7/10. Her medications, transcutaneous electrical nerve stimulation (TENS), rest, avoidance, pacing, and activity modifications help her pain. She is retired. The lumbosacral exam revealed the right hemipelvis is lowered, a slight shift to the right, moderate decreased lordosis, tenderness in the bilateral pelvic brim and junction more on the left than the right, decreased range of motion, and normal heel to toe progression. The left ankle exam revealed anterior and posterolateral effusion and scarring, decreased pronation and supination, a 15 degree plantigrade position of the forefoot, bowing of the anterior tibialis, and slight decreased sensation the great toe plantar aspect. The treatment plan includes continuing her current pain, anti-epilepsy, sleep, and non-steroidal anti-inflammatory medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lodine 500mg 1 tab twice daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Etodolac (Lodine) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, there was no rationale provided which explained the request for Etodolac. There was no documentation of objective benefit from use of this medication. In addition, Etodolac has been found to be similar to two other low risk drugs, Ibuprofen and Naproxen. Medical necessity of the requested medication, Etodolac, has not been established. The requested medication is not medically necessary

**Neurontin 800mg 2 tabs twice daily #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs) Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AEDs.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to her chronic low back condition. In this case, there was no documentation of subjective or objective findings consistent with current neuropathic pain to necessitate use of Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

**Tramadol HCL 50mg 2 tabs daily #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids Page(s): 91, 93-94, 78, 79, 80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Ambien 10mg 1 tab prn at bedtime #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 (ODG), Pain.

**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:** Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia (usually two to six weeks) and is rarely recommended for long-term use. It can be habit-forming, may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there was no documentation regarding a comprehensive work-up regarding potential sources of the patient's insomnia prior to prescribing a hypnotic, such as Zolpidem. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.