

Case Number:	CM15-0075088		
Date Assigned:	04/24/2015	Date of Injury:	02/26/1999
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on February 26, 1999. She reported bilateral knee pain and left hip pain. The injured worker was diagnosed as having internal derangement of the bilateral knees and left hip and status post bilateral knee surgery. Treatment to date has included diagnostic studies, surgical intervention of the bilateral knees, medical equipment including a walker, home health aide services, medications and work restrictions. Currently, the injured worker complains of continued bilateral knee pain with bilateral effusions and left hip pain. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 25, 2015, revealed continued pain with swelling of the bilateral knees. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Vistaril 25mg: 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), Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, anti-Histamine for insomnia.

Decision rationale: The patient presents with bilateral knee and left hip pain. The request is for 30 capsules of vistaril 25mg. The request for authorization is not provided. The patient is status-post gastric bypass, date unspecified, so that she could proceed with knees and hips surgery. Physical examination of the knees reveals significant tenderness and effusion over the right knee. Swelling and effusion of the left knee with significant tenderness and pain with range of motion. Exam of the left hip reveals pain and tenderness with manipulation. Painful with range of motion. She uses a walker with brakes and a seat. Her gait is severely antalgic. She has difficulty standing and walking without assistance. She continues to have severe nausea and vomiting. The nausea is resolved by actually having emesis, and also by taking Zofran. Patient's medications include Diclofenac Sodium, Ketamine, Doxepin, Calcium Citrate, Omeprazole, Multivitamins, Pamelor, Ondansetron, Amvien, Buprenorphine, Temovate, Vistaril, Lasix, Fluticasone Propionate, Symvicort and Dilantin. Per progress report dated 04/23/15, the patient is not permanent and stationary. ODG guidelines have the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Treater does not specifically discuss this medication. In this case, it appears treater is initiating the use of Vistaril. However, review of provided progress reports do not document any symptoms or diagnosis of insomnia. Additionally, ODG states that tolerance develops within a few days. There is no long-term support for this medication by guidelines and treater does not indicate that it is for short-term use. Therefore, the request is not medically necessary.

120 Sublingual tablets of Buprenorphine Hcl 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with bilateral knee and left hip pain. The request is for 120 sublingual tablets of buprenorphine HCl 2MG. The request for authorization is not provided. The patient is status-post gastric bypass, date unspecified, so that she could proceed with knees and hips surgery. Physical examination of the knees reveals significant tenderness and effusion over the right knee. Swelling and effusion of the left knee with significant tenderness and pain with range of motion. Exam of the left hip reveals pain and tenderness with manipulation. Painful with range of motion. She uses a walker with brakes and a seat. Her gait is severely antalgic. She has difficulty standing and walking without assistance. She continues

to have severe nausea and vomiting. The nausea is resolved by actually having emesis, and also by taking Zofran. Patient's medications include Diclofenac Sodium, Ketamine, Doxepin, Calcium Citrate, Omeprazole, Multivitamins, Pamelor, Ondansetron, Amvien, Buprenorphine, Temovate, Vistaril, Lasix, Fluticasone Propionate, Symvicort and Dilantin. Per progress report dated 04/23/15, the patient is not permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not specifically discuss this medication. The patient is prescribed Buprenorphine since at least 12/09/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Buprenorphine significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Buprenorphine. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES nor opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

60 tablets of Ondansetron (Zofran) 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient presents with bilateral knee and left hip pain. The request is for 60 tablets of ondansetron (Zofran) 4mg. The request for authorization is not provided. The patient is status-post gastric bypass, date unspecified, so that she could proceed with knees and hips surgery. Physical examination of the knees reveals significant tenderness and effusion over the right knee. Swelling and effusion of the left knee with significant tenderness and pain with range of motion. Exam of the left hip reveals pain and tenderness with manipulation. Painful with range of motion. She uses a walker with brakes and a seat. Her gait is severely antalgic. She has difficulty standing and walking without assistance. She continues to have severe nausea and vomiting. The nausea is resolved by actually having emesis, and also by taking Zofran. Patient's medications include Diclofenac Sodium, Ketamine, Doxepin, Calcium Citrate, Omeprazole, Multivitamins, Pamelor, Ondansetron, Amvien, Buprenorphine, Temovate, Vistaril, Lasix, Fluticasone Propionate, Symvicort and Dilantin. Per progress report dated 04/23/15, the patient is not permanent and stationary. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-

approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Per progress report dated 03/25/14, treater's reason for the request is "for nausea/vomiting." However, Ondansetron is not recommended by ODG for nausea and vomiting secondary to chronic opioid use. Furthermore, treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the request is not medically necessary.

10 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 ODG, Treatment Index, 11th Edition (web), 2014, 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 Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with bilateral knee and left hip pain. The request is for 10 tablets of Ambien 10mg. The request for authorization is not provided. The patient is status-post gastric bypass, date unspecified, so that she could proceed with knees and hips surgery. Physical examination of the knees reveals significant tenderness and effusion over the right knee. Swelling and effusion of the left knee with significant tenderness and pain with range of motion. Exam of the left hip reveals pain and tenderness with manipulation. Painful with range of motion. She uses a walker with brakes and a seat. Her gait is severely antalgic. She has difficulty standing and walking without assistance. She continues to have severe nausea and vomiting. The nausea is resolved by actually having emesis, and also by taking Zofran. Patient's medications include Diclofenac Sodium, Ketamine, Doxepin, Calcium Citrate, Omeprazole, Multivitamins, Pamelor, Ondansetron, Amvien, Buprenorphine, Temovate, Vistaril, Lasix, Fluticasone Propionate, Symvicort and Dilantin. Per progress report dated 04/23/15, the patient is not permanent and stationary. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)." Treater does not specifically discuss this medication. The patient has been prescribed Ambien since at least 12/09/14. However, ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. Additionally, the treater does not document or discuss its efficacy and how it has been or is to be used. Furthermore, the patient has been taking Ambien for at least 3 months, the request for additional quantity 10 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.