

Case Number:	CM15-0077638		
Date Assigned:	04/29/2015	Date of Injury:	03/17/2003
Decision Date:	07/08/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 51-year-old male, who sustained an industrial injury on 3/17/2003. He reported injury from cumulative trauma. The injured worker was diagnosed as having left ankle/foot degenerative joint disease, chronic pain syndrome, tarsal tunnel syndrome and osteoarthritis of the knee. There is no record of a recent diagnostic study. Treatment to date has included remote physical therapy, psychotherapy, cognitive behavior therapy and medication management. In a progress note dated 3/26/2015, the injured worker complains of bilateral wrist pain, bilateral knee pain and pain that radiates to the left foot and left ankle stiffness, swelling and tenderness. The treating physician is requesting 2 prescriptions of Hydrocodone/Acetaminophen, Gabapentin, Zolpidem and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 3/17/2003. The medical records provided indicate the diagnosis of left ankle/foot degenerative joint disease, chronic pain syndrome, tarsal tunnel syndrome and osteoarthritis of the knee. Treatment to date has included remote physical therapy, psychotherapy, cognitive behavior therapy and medication management. The medical records provided for review do not indicate a medical necessity for Hydrocodone/Acetaminophen 5/325mg #80. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication at least since 12/2014, but with no overall improvement. The injured worker is not properly monitored for pain control, activities of daily living, adverse effects. The request is not medically necessary.

Hydrocodone/Acetaminophen 5/325mg #80 (2nd month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 3/17/2003. The medical records provided indicate the diagnosis of left ankle/foot degenerative joint disease, chronic pain syndrome, tarsal tunnel syndrome and osteoarthritis of the knee. Treatment to date has included remote physical therapy, psychotherapy, cognitive behavior therapy and medication management. The medical records provided for review do not indicate a medical necessity for Hydrocodone/Acetaminophen 5/325mg #80. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication at least since 12/2014, but with no overall improvement. The injured worker is not properly monitored for pain control, activities of daily living, adverse effects. The request is not medically necessary. Gabapentin 300mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker sustained a work related injury on 3/17/2003. The medical records provided indicate the diagnosis of left ankle/foot degenerative joint disease, chronic pain syndrome, tarsal tunnel syndrome and osteoarthritis of the knee. Treatment to date has included remote physical therapy, psychotherapy, cognitive behavior therapy and medication management. The medical records provided for review do not indicate a medical necessity for Gabapentin 300mg #60 with 3 refills. Gabapentin is an antiepilepsy drug. The MTUS recommends the use of the anti-epileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the anti-epileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records do not indicate the injured worker has up to 30% pain reduction since this medicine was introduced; rather the reports stated the pain has unchanged with medication. The request is not medically necessary.

Zolpidem 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Zolpidem (Ambien).

Decision rationale: The injured worker sustained a work related injury on 3/17/2003. The medical records provided indicate the diagnosis of left ankle/foot degenerative joint disease, chronic pain syndrome, tarsal tunnel syndrome and osteoarthritis of the knee. Treatment to date has included remote physical therapy, psychotherapy, cognitive behavior therapy and medication management. The medical records provided for review do not indicate a medical necessity for Zolpidem 10mg #30 with 2 refills. Zolpidem (Ambien) is a non-benzodiazepine hypnotic. The MTUS is silent on it, but the Official Disability Guidelines does not recommend it for long-term use, but for short of usually two to six weeks for treatment of insomnia. 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. The request is not medically necessary.

Cyclobenzaprine 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 3/17/2003. The medical records provided indicate the diagnosis of left ankle/foot degenerative joint disease, chronic pain syndrome, tarsal tunnel syndrome and osteoarthritis of the knee. Treatment to date

has included remote physical therapy, psychotherapy, cognitive behavior therapy and medication management. The medical records provided for review do not indicate a medical necessity for: Cyclobenzaprine 10mg #60 with 3 refills. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The recommended dosing of cyclobenzaprine is 5-10 mg three times daily for 2-3 weeks. The records indicate the injured worker has been taking this medication for a long time. The request is not medically necessary.