

Case Number:	CM13-0027327		
Date Assigned:	03/19/2014	Date of Injury:	12/03/2002
Decision Date:	04/30/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a [REDACTED] employee who has filed a claim for persistent left hip and knee pain associated with an industrial injury of September 13, 2011. Thus far, the patient has been treated with NSAID, muscle relaxants, Vicodin, Norco, physical therapy to the left knee, home exercise program, knee brace, a cortisone injection to the knee, and a Synvisc injection. Of note, the patient has had surgery to the left hip in September 21, 2012 with post-operative physical therapy and significant improvement and stable post-operative changes. MRI of the left knee done on October 25, 2012 showed cartilage changes that is most likely a variation in the patient's anatomy. Review of progress notes indicated associated symptoms of dizziness, headache, depression, and sleep disturbance. There is no mention of medication use since progress notes from February 2013. There is persistent knee more than hip pain despite conservative measures such as icing and physical therapy, and cortisone injections. There is mention of right ankle and foot pain in progress note dated June 27, 2013. In a utilization review report of September 17, 2013, the claims administrator modified the certification for Vicodin 5/300mg #60 to #45 as no significant benefit was derived from long-term use of another opioid, Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient has had physical therapy to the hip and knees with no documentation of functional or symptomatic benefit derived. In addition, there is no indication to support aquatic therapy in this patient, such as indications for reduced weight bearing. It is unclear why land-based PT would be insufficient. Therefore, the request for 12 sessions of aquatic therapy was not medically necessary per the guideline recommendations of MTUS were not met.

Effexor 75mg #60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 105.

Decision rationale: As noted on pages 15 and 105 of the Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, there is no documentation of neuropathic pain in recent progress notes to support the use of Effexor. Response to previous treatment was not assessed. Refills should be prescribed based upon assessment of response to prior prescription. Therefore, the request for Effexor 75mg #60 was not medically necessary per the guideline recommendations of MTUS.

Trazodone 50mg #30 with five 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 (ODG)

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 chapter, Trazodone

Decision rationale: As noted in ODG, Trazodone is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, there is no documentation regarding formal evaluation of this patient's sleep problems and sleep hygiene that would support use of trazodone. Response to previous treatment was not assessed. Refills should be prescribed based upon assessment of response to prior prescription. Therefore, the request for trazodone 50mg #30 with five refills was not medically necessary per the guideline recommendations of ODG.

Tramadol ER 150mg #30 dispensed on 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Review of documentation noted that the patient has been on Norco since October 02, 2012 without documentation of functional improvement, and no documentation of prescription medication use since February 2013. Tramadol is not an appropriate option as this patient has not been on first-line medications such as NSAIDs after being off medications. Therefore, the request for Tramadol ER 150mg #30 was not medically necessary per the guideline recommendations of MTUS

The prospective request for tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Review of documentation noted that the patient has been on Norco since October 02, 2012 without documentation of functional improvement, and no documentation of prescription medication use since February 2013. There is also modified authorization for another opioid medication, Vicodin, dated September 17, 2013 for #45 without documentation of monitoring of use or functional benefits derived. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary per the guideline recommendations of MTUS.

Flexeril 7.5mg #60 dispensed on 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. There is no documentation regarding medication use since February 2013; long-term use is not recommended. This is not an appropriate option, as first-line medications such as NSAIDs have not been documented as being used by the patient at that time. Therefore, the request for Flexeril 7.5mg #60 was not medically necessary per the guideline recommendations of MTUS.

The prospective request for Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. In this case, this is not an appropriate option as first-line medications such as NSAIDs have not been documented as being used by the patient at present. Therefore, the request for Flexeril 7.5mg #60 was not medically necessary per the guideline recommendations of MTUS.

Prilosec 20mg #60 dispensed on 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As noted on page 68 of the Chronic Pain Medical Treatment Guidelines and FDA, proton pump inhibitors are used in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case, there is no documentation of current NSAID use or any adverse gastrointestinal symptoms derived from medication use. There is no support for use of this medication. Therefore, the request for Prilosec 20mg #60 was not medically necessary per the guideline recommendations of MTUS and FDA.

The prospective request for Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As noted on page 68 of the Chronic Pain Medical Treatment Guidelines and FDA, proton pump inhibitors are used in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, there is no documentation of current long-term NSAID use or any adverse gastrointestinal symptoms derived from medication use. There is no support for use of this medication. Therefore, the request for Prilosec 20mg #60 was not medically necessary per the guideline recommendations of MTUS and FDA.