

Case Number:	CM13-0053352		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2007
Decision Date:	04/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic knee pain, hypertension, anxiety, and depression reportedly associated with an industrial injury of May 14, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a knee brace; and prior knee surgeries. In an October 15, 2013 Utilization Review Report, the claims administrator approved a request for Paxil, approved a request for Protonix, approved a request for Naprosyn, and denied a request for extended release tramadol and Flexeril. Non-MTUS ODG Guidelines were cited. The applicant's attorney subsequently appealed. On December 4, 2013, the attending provider noted that the applicant was planning to pursue a total knee arthroplasty. The applicant is in severe pain, it was stated. It was stated that usage of tramadol is allowing the applicant to be functional. The applicant is off of work and is having issues with anxiety, stress, and depression, which he attributes to the pain. Naprosyn, Paxil, Protonix, and tramadol were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 (DOS 10/4/13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain. In this case, the applicant is reportedly having severe pain associated with knee arthritis and is pending a total knee arthroplasty. Tramadol is indicated in the treatment of the same. The attending provider has written that usage of tramadol has allowed the applicant to be more functional and is, furthermore, generating appropriate analgesia, although it is acknowledged that the applicant has failed to return to work. Thus, on balance, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Therefore, the request is certified, on Independent Medical Review.

Flexeril 7.5mg #60 (DOS 10/4/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other agents, including Naprosyn and tramadol, the latter of which has been approved, above. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request remains non-certified, on Independent Medical Review.

Replacement of hot/cold wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-3, at-home local applications of hot and cold are "recommended" as part and parcel of self-care. In this case, the attending provider has posited that the hot and cold wrap is a reusable, low-tech hot and cold wrap which the applicant uses for pain relief purposes. As noted by ACOEM in Chapter 13, Table 13-3, this is part and parcel of self-care. Accordingly, the request is certified.

Replacement of unloading brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, a knee brace is "usually unnecessary" for the average applicant. A brace is typically necessary only if the applicant is going to be stressing the knee under load, such as by climbing ladders or by carrying boxes. In this case, however, the applicant is off of work. He is unlikely to be climbing ladders or carrying boxes on a regular basis. A knee brace is not, consequently, indicated or supported by ACOEM. Therefore, the request is not certified, on Independent Medical Review.

Kidney and liver function test (annual test): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: Contrary to what was suggested by the claims administrator, the MTUS does obliquely address the topic of renal and hepatic function testing. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, renal and hepatic function testings are considered a part of "routine suggested monitoring" for those applicants who are using NSAIDs. In this case, the applicant is using an NSAID, Naprosyn. Intermittent renal and hepatic function testing is therefore indicated. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

Protonix 20mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the documentation on December 4, 2013, while sparse, does state that Protonix 20 mg is being used to "treat upset stomach." This is an appropriate indication for usage of Protonix, per page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is certified, on Independent Medical Review.

Naproxen Sodium 550mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naprosyn Section Page(s): 73.

Decision rationale: As noted on page 73 of the MTUS Chronic Pain Medical Treatment Guidelines, Naprosyn is indicated in the treatment of osteoarthritis, the diagnosis present here. The applicant has advanced knee arthritis for which ongoing usage of Naprosyn is indicated. As with the tramadol, the attending provider has seemingly posited that ongoing usage of the same has generated appropriate analgesia and improved performance of non-work activities of daily living. Naprosyn is, per the attending provider, keeping the applicant functional while he is pending the total knee arthroplasty. Accordingly, the request is certified.

Terocin patches, #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topic Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin lotion

Decision rationale: As noted by the National Library of Medicine (NLM), Terocin is an amalgam of multiple topical agents, including capsaicin. However, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last-line agent to be employed only when other agents have been tried and/or failed and/or an applicant is intolerant to other treatments. In this case, however, the applicant is using multiple first-line oral pharmaceuticals, including Naprosyn and tramadol, with reportedly good effect, effectively obviating the need for the capsaicin-containing Terocin patches. Accordingly, the request is not certified, on Independent Medical Review.

Lidopro lotion 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topic Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Lidopro lotion

Decision rationale: LidoPro, like Terocin, per the National Library of Medicine, is an amalgam of multiple topical agents, one of which is capsaicin. However, as noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last-line agent, to be employed in individuals who are intolerant to and/or have not responded to first-line treatments. In this case, however, the applicant is using first-line Naprosyn and tramadol with

reportedly good effect, effectively obviating the need for the capsaicin-containing LidoPro lotion. Therefore, the request is likewise not certified, on Independent Medical Review.

Post-op polar care for 21 day rental:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Continuous-Flow Cryotherapy topic

Decision rationale: The MTUS does not address the topic. As noted in the ODG Knee Chapter Continuous-Flow Cryotherapy topic, continuous flow-cryotherapy is "recommended" as an option after surgery with postoperative use of up to seven days recommended. In this case, the 21-day course of treatment proposed by the attending provider following total knee arthroplasty surgery does not conform to ODG parameters. Therefore, the request is not certified, on Independent Medical Review.

Post-op pain catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons (AAOS), October 2012 Issue.

Decision rationale: As noted by the American Academy of Orthopedic Surgeons (AAOS), postoperative pain catheters or pain pumps are not recommended in applicants undergoing knee surgery due to association between intraarticular pain pumps and the development of severe chondrolysis in both the shoulder and the knee. In this case, the attending provider has not proffered any applicant-specific narrative or commentary so as to offset the unfavorable AAOS recommendation. Therefore, the request is not certified, on Independent Medical Review.

Post-op Gabapentin 600mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs topic Page(s): 18.

Decision rationale: As noted on page 18 of the MTUS Chronic Pain Medical Treatment Guidelines, anticonvulsant medications such as gabapentin are "an option" for postoperative pain relief purposes. In this case, the applicant is pending a total knee arthroplasty. Postoperative

usage of gabapentin for pain relief purposes is indicated, appropriate, and supported by page 18 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified. While this is postoperative case as opposed to a chronic pain case, MTUS 9792.23.b2 does state that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. In this case, since page 18 of the MTUS Chronic Pain Medical Treatment Guidelines does address the postoperative need for gabapentin usage, it was therefore selected.

Paxil 20mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: In this case, the applicant is described on a December 4, 2013 progress note in question as reporting issues with anxiety, stress, and depression. Usage of Paxil, an antidepressant medication is indicated and appropriate to combat the same, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, which notes that it often takes "weeks" for antidepressants such as Paxil to exert their maximal effect. Contrary to what was suggested by the claims administrator, the applicant is having issues with psychological stress, anxiety, and depression for which Paxil is indicated and appropriate. Therefore, the request is certified.

Tramadol ER 150mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 94.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain. In this case, the applicant is having severe pain associated with advanced knee arthritis. He is pending a total knee arthroplasty. Tramadol is indicated to treat the same, per page 94 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider has further stated that ongoing usage of tramadol has allowed the applicant to be more functional and is generating appropriate analgesia, although it is acknowledged that the applicant has failed to return to work. On balance, however, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Therefore, the request for extended release tramadol is prospectively certified, on Independent Medical Review.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other agents, including Naprosyn and tramadol, the latter of which has been approved through this Independent Medical Review Report. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request remains not certified, on Independent Medical Review.