

<b>Case Number:</b>	CM13-0055973		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 knee pain, chronic low back pain, hypertension, and diabetes reportedly associated with an industrial injury of November 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; antidepressant medications; topical compounds; and prior right knee arthroscopy. In a utilization review report of November 14, 2013, the claims administrator partially certified a request for Naprosyn as 60 tablets of the same, denied a request for tramadol, denied a request for Axid, denied a request for ketoprofen-gabapentin containing compound, denied a request for Celexa, and approved a followup visit. The applicant's attorney subsequently appealed. An earlier note of July 13, 2013 is notable for comments that the applicant is status post right knee surgery. The applicant is reportedly doing well. She denies any medication side effects. The applicant has moderate tenderness and spasm about the lumbar spine with associated limited range of motion. The applicant does exhibit a normal gait with no motor or sensory deficits noted. The applicant's diabetes is poorly controlled with a recent hemoglobin A1c of 7.7. The applicant is asked to make dietary changes, employ tramadol for pain relief, employ Flexeril for pain relief, continue Prilosec twice daily, continue ramipril, continue hydrochlorothiazide, and continue Celexa. Repeat laboratory testing is endorsed. On July 27, 2013, the applicant was again advised to continue unspecified medications. On January 12, 2013, the applicant was described as using medications, including tramadol, Prilosec, Flexeril, metformin, and Celexa. Manipulative therapy and acupuncture were endorsed. The applicant is asked to continue chiropractic therapy and manipulative therapy. The applicant is asked to discontinue Neurontin. An earlier note of May 7, 2011 is notable for comments that the applicant is using Naprosyn, tramadol, ketoprofen-gabapentin

compound, and Celexa for pain relief. The applicant was given Axid twice daily for gastric protection, it was stated. The applicant was described as 35 years of age.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRAMADOL 15MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 80.

**Decision rationale:** Tramadol is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioids includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, these criteria have seemingly not been met. The applicant has seemingly failed to return to work. There is no evidence of improved performance of non work activities of daily living. There is no evidence of ongoing analgesia effected as a result of ongoing tramadol therapy. Therefore, the request for continuation of tramadol is not certified, on independent medical review.

#### **AXID 150MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The attending provider seemingly suggested on an earlier progress note that Axid was being employed for gastric protection purposes. Axid is an H2 antagonist. While pages 68 and 69 of the MTUS Chronic Pain Medical Treatment Guidelines do support introduction of H2 antagonist, such as Axid for gastric protection purposes in those applicants who are using multiple NSAIDs, are greater than 65 years of age and using NSAIDs, are using NSAIDs in conjunction with corticosteroids, and/or have some history of peptic ulcer disease or bleeding, in this case, however, there is no such history of any prior adverse gastrointestinal events. The employee is in the late 30s. The employee is nowhere near 65 years of age. Prophylactic usage of Axid is not therefore indicated. Accordingly, the request is not certified, on independent medical review.

#### **KETOPROFEN-GABAPENTIN CREAM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** As noted on pages 112 and 113 of MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor gabapentin is recommended for topical compound formulation purposes. This effectively results in the entire compound's carrying an unfavorable recommendation, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the employee seemingly used this particular agent chronically and has failed to effect any lasting benefit or functional improvement despite ongoing usage of the topical compound in question. Therefore, the request is not certified, both owing to the unfavorable MTUS recommendations and to the lack of functional improvement achieved despite prior usage of the ketoprofen-gabapentin topical compound.

**CELEXA 10MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, antidepressants may take "weeks" to exert their maximal effect. In this case, the employee is having ongoing issues with anxiety, depression, insomnia, nervousness, frustration, and purported posttraumatic stress disorder. Ongoing usage of antidepressants is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.