

Case Number:	CM14-0013695		
Date Assigned:	02/26/2014	Date of Injury:	01/22/2013
Decision Date:	07/29/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 45-year-old male who has submitted a claim for pelvic joint pain, sprain of the hips, chronic pain syndrome, and low back pain associated with an industrial injury date of January 22, 2013. The medical records from 2013-2014 were reviewed. The patient complained of persistent pain in the bilateral hips and knees. The pain in both hips was worse on the right and comes and goes throughout the day. It was aggravated by prolonged weight bearing, standing, or walking. There was occasional popping in the right hip, which localizes to the groin and occurs one to two times a day. The bilateral knee pain involves the right more than the left. It also comes and goes throughout the day. It was aggravated by weight bearing, walking, standing, or stair climbing. The physical examination showed limited range of motion of both knees and both hips with discomfort. An MRI of the right hip, dated May 9, 2013, revealed T2 signal involving the superolateral acetabular labrum suggesting a non-displaced tear, small right iliopsoas bursal effusion/cyst, moderate symphysis pubis degenerative change, and L4-L5 and L5-S1 facet degenerative disease. An MRI of the both knees, dated August 24, 2013, showed left medial meniscal tear with microloculated posteromedial bursitis and a small perimeniscal cyst, and quadriceps enthesopathy; and right medial meniscal tearing that does not appear to breach the articular surface and could be occult at arthroscopy, mild posteromedial bursitis, quadriceps enthesopathy, and minor femoral trochlear cartilage tear. The treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, cervical epidural steroid injection, lumbar spine fusion, cervical spine surgery, and right hip arthroscopy. A utilization review, dated January 16, 2014, denied the request for trial of Adderall 5mg because there was no documentation of narcolepsy complaints and no documentation to support necessity of medication. Request for Cymbalta 30mg was modified to Cymbalta 30mg x 1 month supply because there was documentation of chronic pain. The request

for 3 Synvisc injections of the bilateral knees and right hip was denied because there was limited documentation of conservative measures that have failed in an attempt to manage the knees and there was no recommendation of proven efficacy for the hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF ADDERALL 5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Adderall.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the FDA was used instead. According to the FDA, Adderall is approved in the United States for the treatment of adults and pediatric patients 6 years of age and older with attention deficit hyperactivity disorder. In addition, Adderall contained amphetamine salts which have a high potential for abuse. Administration of amphetamines for prolonged periods of time may lead to drug dependence and must be avoided. In this case, the rationale for requesting Adderall is to improve concentration impaired with disrupted sleep from chronic pain and also sedation from medications and chronic pain. The medication was not indicated for the reasons stated above. In addition, the request failed to specify the duration of the trial and the quantity to be dispensed. Therefore, the request for trial of Adderall 5 mg is not medically necessary.

CYMBALTA 30 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15-16.

Decision rationale: As stated on pages 15-16 of the California MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, rationale for this request was for pain reduction and improved mood. The patient was diagnosed with depression and presents with neuropathic pain. He was prescribed psychotropic anti-depressant medications including Mirtazapine and Desvenlafaxine. Reason for the addition of Cymbalta was not documented. Furthermore, a previous request for 1 month supply of Cymbalta 30mg has already been approved. Moreover, the present request failed to specify the quantity to be dispensed. Therefore, the request for Cymbalta 30 mg is not medically necessary.

SYNVISC INJECTION, BILATERAL KNEES AND RIGHT HIP, QTY: 3: 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), Hip & Pelvis Procedure Summary and Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter, Hyaluronic acid injections; Hip and Pelvis Chapter, Viscosupplementation.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Regarding the bilateral knees, the Official Disability Guidelines state that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. Regarding the right hip, viscosupplementation are recommended as a possible option to severe osteoarthritis who have not responded adequately to conservative treatments, to potentially delay total hip replacement, but in recent quality studies the magnitude of improvement appears modest at best, and not long lasting. In this case, the patient continues to experience bilateral knee and right hip pain. However, there was no documentation regarding failed conservative treatment. In addition, it was not mentioned if the patient has knee or hip osteoarthritis. The patient was also not a candidate for total knee or hip replacement. Imaging studies were not diagnostic of osteoarthritis. The guideline criteria have not been met. Therefore, the request for 3 Synvisc injections of the bilateral knees and right hip is not medically necessary.