

<b>Case Number:</b>	CM14-0015609		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 was injured on 04/23/2012. The bottom of a road case fell and hit the patient on the right shin, causing the patient to take the weight off the body on the left leg, and strained the left heel. Prior treatment history has included Anaprox, Terocin cream, Effexor XR 75 mg, Protonix 40 mg; physical therapy and work conditioning. The patient underwent a left knee arthroscopy in 03/2013. Clinic note dated 01/20/2014 states the patient presents with complaints of worsening pain rated at 7/10. The patient's medications have not been approved so he has not been taking his medications as prescribed. He finds it difficult to sleep because of the pain. His pain is located in bilateral knees, medial greater than lateral. He describes it as sharp in nature at a level of 7/10. He usually compensates in one leg more than the other as the pain alternates which results in worsening leg pain. On exam, there are no effusions bilaterally. Range of motion is from 0 to 140 degrees bilaterally with mild pain with end range of passive flexion on the left. There is tenderness to palpation along the medial joint lines bilaterally and in the posteromedial corner on the left knee. His patellar tendons are also mildly tenderness to palpation. He has 5/5 strength in the bilateral lower extremities. He has intact sensation to light touch with good distal pulses. He has positive McMurray's bilaterally reproducing his typical medial knee pain bilaterally. He has positive Thessaly test bilaterally reproducing his typical medial knee pain. He has negative ligamentous testing including negative Lachman's, anterior drawer, posterior drawer, and varus/valgus stress testing. Prior UR dated 01/16/2014 states the request for Protonix 40mg daily, Effexor XR 75mg daily, Terocin cream apply topically to affected area TID is non-certified as medical necessity has not been proven. Naprosyn is certified to quantity #60 with no refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 40MG DAILY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors (PPIs)

**Decision rationale:** According to the guidelines, proton pump inhibitor, such as Protonix, may be recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not demonstrate potential risk factors are present in the case of this patient. Furthermore, other PPIs, such as Protonix, should be considered second-line therapy. The medical records do not establish the patient has significant risk factors of GI events and failed to respond to first line PPI. Consequently, the medical necessity of Protonix has not been established. Therefore the request is not medically necessary.

**EFFEXOR XR 75MG DAILY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 16

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors), Venlafaxine (Effexor<sup>®</sup> 1/2) Page(s): 105, 123.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state SNRIs, such as Effexor, are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. However, the medical records do not establish this patient has neuropathic pain. Venlafaxine (Effexor<sup>®</sup> 1/2) is FDA-approved for anxiety, depression, panic disorder and social phobias. According to the 1/20/2014 medical report, PHQ9 psychological test showed 17/30 score indicating moderate depression/anxiety, (however it is noted that PHQ9 test is a subjective-based assessment scale of depression only, not anxiety). According to the guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The medical records do not provide a rationale for an SNRI, over tricyclic, which is considered a first-line agent. The medical necessity of this request is not established. Therefore the request is not medically necessary.

**TEROCIN CREAM APPLY TOPICALLY TO AFFECTED AREA TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 105,112-113. .

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

**Decision rationale:** Terocin topical cream contains Lidocaine, Capsaicin, methyl salicylate and menthol. According to the Chronic Pain Medical Treatment Guidelines, Lidocaine is recommended for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. The medical do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Furthermore, Capsaicin is appropriate and medically necessary for patients that are intolerant to first-line therapies, which is not the case for this patient. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this compounded topical product is appropriate or medically indicated. The medical necessity of Terocin cream is not established. Therefore the request is not medically necessary.

**NAPROSYN 550MG BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 72

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Naprosyn is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. According to the available records, the request for Naprosyn was certified on 1/16/2014. The medical records do reflect that the patient has had benefit with use of this medication. According to the 1/20/2014 report, the patient complained of increasing bilateral knee pain, and that the medication had not been provided. Based on the subjective complaints, prior response to the NSAID, clinical findings and reported pathology demonstrated on diagnostic studies, Naprosyn is appropriate. Therefore the request is medically necessary.