MAXIMUS Federal Services

Case Number:	CM14-0115602		
Date Assigned:	08/04/2014	Date of Injury:	05/25/2011
Decision Date:	10/02/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 35-year-old female with a date of injury of 05/25/2011. The listed diagnoses per [redacted] are status post left knee surgery x2, left sacroiliitis and pain in the right knee.According to progress report 06/11/2014, the patient presents with left knee pain which is rated on average 5-6/10. "However, with the help of medication, it is somewhat manageable." Examination revealed slight tenderness in the left posterior, superior iliac spine as well as the coccyx. Range of motion of the lumbar spine is unrestricted and straight leg raise from the supine position is negative. Sensation is intact in all dermatomes. Examination of the knee revealed weakness in the left lower extremity in quads and hamstring. The patient is unable to fully extend or flex the left knee and has very weak quads on the left side. The physician is requesting Norco 10/325 mg #30, Trazodone 100 mg #30, clonazepam 1 mg #30, and Vimovo 500/20 mg. AME report 11/05/2013 indicates the patient is to return to modified work. Utilization review denied the request for refill of medications on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with low back and knee pain. The physician is requesting Norco 10/325 mg #30. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician does not provide outcome measures as required by MTUS. Furthermore, there are no discussions of functional changes, adverse effects or possible aberrant behaviors. Given the lack of sufficient documentation for opiate management, therefore the request is not medically necessary.

Trazadone 100 mg # 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG guidelines under insomnia, Pain chapter

Decision rationale: This patient presents with low back and knee pain. The physician is requesting a refill of Trazodone 100 mg #30. Trazodone is classified as an antidepressant. The MTUS Guidelines on antidepressants page 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Review of the medical file indicates the patient has been taking this medication since at least 01/15/2014. The physician does indicate a numerical scale for patient's current pain and notes pain is "controllable" with current medication regimen, which includes Trazodone. Given patient's continued pain and efficacy of this medication, the request is medically necessary.

Clonazepam 1 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with low back and knee pain. The physician is requesting a refill of clonazepam 1 mg #30. The MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic

benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." The patient has been taking this medication since 01/15/2014. MTUS guidelines are clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." Therefore the request is not medically necessary.

Vimovo 500/20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/vimovo.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22,69.

Decision rationale: This patient presents with low back and knee pain. The physician is requesting a refill of Vimovo 500/20 mg. This medication contains naproxen 500 mg and esomeprazole 20 mg. Review of the medical file indicates the patient has been taking this medication since 01/15/2014. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first-line of treatment. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the physician does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Given esomeprazole is not indicated, the compound medication cannot be recommended. Therefore the request is not medically necessary.