

<b>Case Number:</b>	CM14-0124796		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 34-year-old female who reported an injury on 01/13/2012, due to an unknown mechanism. Physical examination on 07/17/2014, revealed a diagnosis of pain in joint, lower leg, status post old anterior cruciate ligament (ACL) injury 2010, status post right knee arthroscopy 10/2012, sprain/strain of neck, sprain/strain thoracic region, and sprain/strain lumbar region. The injured worker had complaints of pain in the medial right knee and locking of the knee when walking. The injured worker also reported she had been doing aquatic therapy and stated that this has been going well. The patient reported that the Norco helped with her knee pain so she could better tolerate walking and standing. It was reported that the injured worker was to be on a trial of Cymbalta instead. The injured worker was also requesting gym membership so she could continue with her exercises on her own. It was reported that the injured worker had stopped the venlafaxine about 2 weeks ago. The injured worker stated it had been difficult to see if her depression/anxiety was worse with stopping this medication because she had been sick. The injured worker stated that she was feeling fatigued because of the illness. It was also reported that the injured worker had tried Norflex for her muscle spasms but it did not help. Current medications were hydrocodone Bit/APAP 10/325 mg, 1 tablet 3 times a day as needed, ibuprofen 800 mg 1 three times a day as needed, Biofreeze 4% roll on, venlafaxine HCL ER 37.5 mg 2 tablets every 12 hours, and orphenadrine/Norflex ER 100 mg 1 tablet as needed. The treatment plan was to continue a home exercise program and medications. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocone bit/apap 10/325mg x30 x90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The decision for Hydrocone bit/APAP 10/325mg times 30 times 90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to nonopioid analgesics. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Venlafaxine HCI ER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The decision for Venlafaxine HCI ER is not medically necessary. The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. It was reported that the injured had stopped this medication stating that it did not work for her depression. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.