MAXIMUS Federal Services

Case Number:	CM14-0138215		
Date Assigned:	09/05/2014	Date of Injury:	07/23/2011
Decision Date:	10/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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:

This is a 25 year old female with a 7/23/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/7/14 noted subjective complaints of bilateral knee pain. Objective findings included left knee medial joint line tenderness and crepitus. Diagnostic Impression: bilateral knee pain. Treatment to Date: medication management, physical therapy, surgery. A UR decision dated 8/14/14 denied the request for relafen 750 mg #60. There was no documentation of objective analgesic and psychological responses. It also denied wellbutrin 150 mg #60. There was no objective documentation of neuropathic pain or depression. It also denied prozac 20 mg #30. There was no objective documentation of neuropathic pain or depression. It also denied norco 10/325 mg #180. There was no documentation of objective analgesic and psychological responses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, with a 2011 date of injury, it is unclear how long the patient has been taking NSAIDs for. There is no evidence of long-term effectiveness for pain or function. There is no specific documentation of objective benefit specifically gained from taking Relafen. Therefore, the request for Relafen 750 mg #60 was not medically necessary.

Retrospective Wellburtrin 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - antidepressants

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. However, there is no documentation of neuropathic pain. Additionally, there is no specific documentation of the efficacy of Wellbutrin in improving pain, function, sleep quality and duration, or psychological symptoms. Therefore, the request for Wellbutrin 150 mg #60 was not medically necessary.

Retrospective Prozac 20mg #30: 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 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - antidepressants

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. Assessment of treatment efficacy should include not only pain outcomes, but also an

evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. However, there is no documentation of neuropathic pain. Additionally, there is no specific documentation of the efficacy of Prozac in improving pain, function, sleep quality and duration, or psychological symptoms. Therefore, the request for Prozac 20 mg #30 was not medically necessary.

Retrospective Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia and continued functional benefit. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #180 was not medically necessary.