MAXIMUS Federal Services

Case Number:	CM14-0156508		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2008
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/24/2014

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 61-year-old male with date of injury of 01/10/2008. The listed diagnoses per [redacted] from 07/30/2014 are: 1. Radial styloid tenosynovitis, 2. Sprains and strains of the neck, 3. Enthesopathy of the knee, 4. Shoulder region disorders, 5. Olecranon bursitis. 6. Shoulder bursae and tendon disorders, 7. Status post total knee arthroscopy from 10/04/2013. According to this report, the patient complains of right knee pain after undergoing total knee arthroplasty by [redacted]. He indicates that his pain is worsening, and his right knee gives out on him with prolonged ambulation. The examination shows the patient presents with an antalgic gait and uses a cane to ambulate. Loss of motor strength over the right knee is grade 4/5. A well-healed incision is noted over the operative site. No other findings were noted on this report. The utilization review denied the request on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS 5/19/14 NORFLEX 100MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): page 63 to 66.

Decision rationale: This patient presents with right knee pain. The patient is status post right total knee arthroplasty from 10/04/2013. The treater is requesting Norflex 100 mg, quantity 100. Norflex is also known as orphenadrine, a drug similar to diphenhydramine, but has greater anticholinergic effects. The effects are thought to be secondary to analgesic and anticholinergic properties. The MTUS Guidelines page 63 to 66 on muscle relaxants state that it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of patient's with chronic low back pain. The records show that the patient has not tried Norflex in the past. While a trial of Norflex is reasonable, the requested quantity exceeds MTUS recommendation for short-term treatment. Recommendation is for denial.

RETROSPECTIVE DOS 5/19/14 PAROXETINE 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 antidepressants Page(s): 13 to 15.

Decision rationale: This patient presents with right knee pain. The patient is status post right total knee arthroplasty from 10/04/2013. The treater is requesting paroxetine 20 mg, quantity #30. The MTUS Guidelines page 13 to 15 on antidepressants states, "Recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated....Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes and use of other analgesic medication, sleep quality and duration, and psychological assessment."The records do not show that the patient has tried paroxetine in the past. However, there is no discussion about the patient's current psychological status. The treater does not explain what this medication is to used for. The patient does not present with any neuropathic type of pain and without discussion regarding the patient's psychological status, the need for this medication cannot be determined. Recommendation is for denial.

RETROSPECTIVE DOS 5/19/14 PAROXETINE 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 antidepressants Page(s): 13 to 15.

Decision rationale: This patient presents with right knee pain. The patient is status post right total knee arthroplasty from 10/04/2013. The treater is requesting paroxetine 20 mg, quantity #30. The MTUS Guidelines page 13 to 15 on antidepressants states, "Recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or

contraindicated....Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes and use of other analgesic medication, sleep quality and duration, and psychological assessment." The records do not show that the patient has tried paroxetine in the past. However, there is no discussion about the patient's current psychological status. The treater does not explain what this medication is to used for. The patient does not present with any neuropathic type of pain and without discussion regarding the patient's psychological status, the need for this medication cannot be determined. Recommendation is for denial.

RETROSPECTIVE DOS 5/19/14 OMEPRAZOLE 20MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): page 68 and 69.

Decision rationale: This patient presents with right knee pain. The patient is status post right total knee arthroplasty from 10/04/2013. The treater is requesting omeprazole 20 mg, quantity #90. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high-dose multiple NSAIDs. The records do not show a history of omeprazole use. The treater does not discuss gastrointestinal issues or events and the patient is currently not taking any NSAIDs. In this case, the use of PPIs is not supported by MTUS without a GI assessment or documented GI events. Recommendation is for denial.

RETROSPECTIVE DOS 5/19/14 TEROCIN PATCH # 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Lidocaine ; MTUS on topical analgesics Page(s): page 57, page 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter, LidodermÂ® (lidocaine patch)

Decision rationale: This patient presents with right knee pain. The patient is status post right total knee arthroplasty from 10/04/2013. The treater is requesting Terocin patches, quantity #10. MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: neuropathic pain recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." ODG further requires

documentation of the area of treatment, trial of a short-term use with outcome documenting pain and function. The record show that the patient was prescribed lidocaine patches on 05/19/2014. In the same report, the treater notes, "Lidocaine patches will also be provided for the patient so that he could use locally to help reduce his pain, increase his functional capacity, and help reduce the need for taking oral pain medications." There is no discussion as to the area of treatment. Furthermore, ODG supports the use of Lidoderm patches for patients with localized peripheral and neuropathic pain which this patient does not present with. Recommendation is for denial.

RETROSPECTIVE DOS 5/19/14 TRAMADOL ER 150MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under criteria for initiating opioids Page(s): page 76 to 78.

Decision rationale: This patient presents with right knee pain. The patient is status post right total knee arthroplasty from 10/04/2013. The treater is requesting tramadol ER 150 mg, quantity #60. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time.The records do not show a history of Tramadol use. The treater does not provide baseline pain and functional assessment. The patient's current list of medication was also not documented. In this case, while a trial of Tramadol is reasonable, the treater does not provide any discussion as to what other conservative treatments the patient has tried and failed. Subsequent reports discuss any functional or pain improvements related to Tramadol, or any discussion as to continuance or discontinuance of this medication. Recommendation is for denial.