

Case Number:	CM14-0020746		
Date Assigned:	04/30/2014	Date of Injury:	04/14/2000
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Nevada. 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 61-year-old individual who was reportedly injured on April 14, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 23, 2014, indicates that there are ongoing complaints of right knee pain (surgical intervention is pending). The physical examination demonstrated an altered gait pattern, ongoing difficulties with mood, a hypertensive state (148/92) and no acute distress. A decrease in knee flexion is reported. Diagnostic imaging studies objectified a medial meniscus tear. Previous treatment includes shoulder surgery, multiple medications and cardiac evaluations. A request had been made for multiple medications and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 1/29/14) Wellbutrin (100mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16, 27 & 125.

Decision rationale: In the multiple progress notes presented for review, the only reference to a psychiatric employee is a mood disorder and there is no discussion as to the efficacy of this medication. There is an indication to use the medication for neuropathic pain, however, there is insufficient clinical information presented to suggest a neuropathic lesion exist (the only noted lesion is a nociceptive malady). As such, the lack of medical records do not support a medical necessity for this preparation.

Retrospective (DOS: 1/29/14) Docuprene (100mg, #60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: This medication is a stool softener useful for the treatment of constipation. There is no clinical indication for this medication for this claimant. There is documentation of narcotic usage; however, there is no documentation of constipation side effects. Docuprene is available as a generic formulation and it is also available as an over the counter product without a prescription. When reviewing the medical records presented, there is no medical necessity established for this preparation.

Retrospective (DOS: 1/29/14) Trazadone (50mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

Decision rationale: Trazodone is an antidepressant classified as a serotonin antagonist reuptake inhibitor with anti-anxiety and sleep inducing activity. The record notes the claimant's symptoms of mood disorders. There is no clinical documentation that this medication is being used in conjunction with Elavil to help with sleep. As such, the records do not support or indicate any medical necessity for this preparation.

Retrospective (DOS: 1/29/14) Protonix (20mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor used for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals

utilizing non-steroidal anti-inflammatory medications. California Medical Treatment Utilization Schedule 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal distress symptom. However, there are no gastrointestinal symptoms documented in any of the progress notes presented for review. As such, the medical necessity for this medication has not been established.

Retrospective (DOS: 1/29/14) Gabapentin (500mg, #90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-18, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-20, 49.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication has been shown to be effective for the diagnosis of a painful diabetic neuropathy and the post-herpetic neuralgia. Neither of these maladies has been objectified as being present. Furthermore, there is an off label use of medication in a neuropathic pain situation and both of these lesions identified are nociceptive in their origin. As such, there is no clinical indication established or medical necessity outlined to support the continued use of this preparation.

Retrospective (DOS: 1/29/14) Diclofenac Sodium (100mg, #60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111,112 of 127.

Decision rationale: Diclofenac is a nonselective non-steroidal anti-inflammatory drugs not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients, as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). Given that this individual required cardiac clearance prior to two surgical events and noting no significant efficacy or utility for this medication based on the multiple progress notes reviewed, it is recommended that providers avoid diclofenac as a first-line non-steroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first-line non-steroidal anti-inflammatory drugs medications. In the absence of such documentation, there is no medical necessity established for this preparation.