

Case Number:	CM14-0032140		
Date Assigned:	06/20/2014	Date of Injury:	08/08/2008
Decision Date:	08/19/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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:

According to the records made available for review, this is a 57-year-old male with a October 3, 1983 date of injury, and status post right knee arthroplasty May 6, 2001. At the time of request for authorization for Nucynta ER 50mg one bid #60-denied, physical therapy times twelve, two times six for left and right knee denied, and Butrans patch 5mcg/hour patch, one patch for severe days #4-denied (on February 25, 2014), there is documentation of subjective (chronic knee pain located in the left patella, right knee pain) and objective (difficulty walking, sitting, and standing, 4+/5 muscle strength for all groups of the right lower extremity, left knee range of motion decreased with pain, positive McMurray, abnormal patellar girdle) findings, current diagnoses (status post right knee arthroplasty May 5, 2010, left knee pain potentially as a consequence of the right knee injury, lateral instability, status post total knee replacement with strain of the collateral ligaments), and treatment to date (physical therapy x 42 visits, home exercise program, and medications (including Nucynta since at least 12/13)). March 21, 2014 medical report identifies that the patient has had no signs of illicit drug abuse or addiction in a number of years, has had negative UDS, signed a narcotic agreement, and has noted increased functional capacity with the medications with decrease of pain of 75% during the length of their effect. In addition, February 18, 2014 medical report identifies that the patient has had marked improvement in function, strength, and range of motion in the past with physical therapy. Regarding the requested Nucynta ER 50mg one bid #60-denied, there is no documentation that Nucynta is being used as a second line therapy due to intolerable adverse effects with first line opioids. Regarding the requested physical therapy times twelve, two times six for left and right knee denied, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Regarding the requested Butrans patch 5mcg/hour patch, one patch for

severe days #4-denied, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However there is a limited research to support its use for back or neck pain. There is no documentation functional improvement or pain reduction with the use of neurontin for several months. Based on the above, the request for Neurontin 600mg, ninety count, is not medically necessary or appropriate.

Xanax 1mg, ninety count with one refill: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to four weeks. The patient injury was on 2008 and there is no recent documentation of anxiety. The medication was prescribed for several months without documentation of its efficacy. Therefore the request for Xanax 1mg, ninety count with one refill, is not medically necessary or appropriate.

Soma 350mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient have spasm and there is no justification of prolonged use of Soma. The request for Soma 350mg, thirty count, is not medically necessary or appropriate.

Mirtazapine 30mg, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain , <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm> .

Decision rationale: Mirtazapine is a selective serotonin reuptake inhibitor. According to ODG guidelines, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain". There is no documentation of pain reduction and functional improvement with previous use of Mirtazapine. In addition there no recent documentation that the patient is suffering of depression or psychological dysfunction. Therefore, the request for Mirtazapine 30mg, sixty count, is not medically necessary or appropriate.

Zantac 150mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Zantac is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age greater than 65 years; (2) history of peptic ulcer, GI (gastrointestinal) bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition the re is no documentation of recent use of NSAIDS. Therefore, the request for Zantac 150mg, sixty count, is not medically necessary or appropriate.

Dexilant ER 6/120mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Dexilant is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age greater than 65 years; (2) history of peptic ulcer, GI (gastrointestinal) bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition there is no documentation of recent use of NSAIDs. Therefore, the request for Dexilant ER 6/120mg, sixty count is not medically necessary or appropriate.

Methoderm spray: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of functional and pain improvement with previous use of Methoderm spray. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The request for Methoderm spray is not medically necessary or appropriate.

Zofran 8mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." *Br J Anaesth* 108(3): 417-422.

Decision rationale: Zofran is an antiemetic drug following the use of chemotherapy. Although Medical Treatment Utilization Section (MTUS) guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the request for Zofran 8mg, thirty count, is not medically necessary or appropriate.