

Case Number:	CM14-0033150		
Date Assigned:	06/23/2014	Date of Injury:	07/15/2009
Decision Date:	08/20/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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, and is licensed to practice in California and Washington. 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 56-year-old male who reported an injury on 07/15/2009 when, while at work, his knee pads fell off, burning both his knees on the hot pipe. The injured worker has diagnoses of left knee pain and knee stiffness. Past medical treatments for the injured worker included physical therapy, the use of an H-wave unit, BioniCare on the right knee, the use of a cane, cortisone injections to the right knee, and medication therapy. The injured worker underwent an MRI of the right knee dated 07/31/2012. A urinalysis was collected on 08/08/2013; and another urinalysis dated 11/25/2013. The injured worker underwent left knee arthroscopic meniscectomy on 04/05/2010. The injured worker also underwent left knee arthroscopic debridement and meniscectomy on 09/09/2010. The injured worker underwent left total knee replacement on 11/26/2012 and revision left total knee replacement on 10/15/2013. The injured worker complained of right knee pain. There was no measurable pain level documented in the submitted report. Physical examination dated 01/22/2014 revealed that the injured worker's right knee had a flexion of 90 degrees and an extension of 10 degrees. The left knee had a range of motion of 95 degrees and an extension of -5 degrees. Gross sensation was intact bilaterally in the lower extremities. There was very little swelling to the left knee. The injured worker's medications include Celexa 40 mg tablets 1 tablet by mouth daily, Kadian 30 mg XR capsules 1 tablet by mouth twice a day, Dilaudid 2 mg tablets 1 tablet by mouth 3 times a day, Celebrex 200 mg, Promolaxin 100 mg 3 times a day, and omeprazole 20 mg daily. The treatment plan was for the injured worker to lose weight for better health and continue with medications, which included Dilaudid 2 mg and Kadian 30 mg; also, the H-wave and BioniCare machines. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30MG XR 24 hour capsules on tablet twice daily.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, On-Going Management, page 78 Page(s): 78.

Decision rationale: The request for Kadian 30 MG XR 24 hour capsules on tablet twice daily is non-certified. The injured worker complained of right knee pain. There was no measurable pain level documented in the submitted report. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation submitted for review indicated that the Kadian 30 mg was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. Given there was submitted drug screens showing that the injured worker was in compliance, the report lacked substantial evidence in regards to the other MTUS guidelines. Given the above, request for ongoing use of Kadian is not supported by the California Medical Treatment Utilization Schedule Guideline Recommendations. As such, the request is not medically necessary.

Dilaudid 2MG tables (Hydromorphone HCL) one table three times daily.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management), page(s) 78 and 93 Page(s): 78, 93.

Decision rationale: The request for Dilaudid 2 MG tablets (Hydromorphone HCL) 1 tablet 3 times daily is non-certified. The injured worker complained of right knee pain. There was no measurable pain level documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guideline criteria state that the lowest possible dose should be prescribed to improve pain and function, there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include: current pain, the least reported pain over the period since last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts and the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning should be documented. MTUS also require the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Dilaudid can cause respiratory depression and apnea. Injured workers may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. There was a lack of documentation showing the

effects the Dilaudid had on the injured worker, and whether the medication helped with any functional deficits the injured worker might have had. The report also lacked any evidence of what the injured worker's pain level was before, during, and after the Dilaudid. Furthermore, the report lacked any evidence of any side effects the injured worker might have had with the medication. Given there was submitted drug screens showing that the injured worker was in compliance, the report lacked substantial evidence in regards to the other MTUS guidelines. The submitted request also lacked a duration of the medication. As such, the request for Dilaudid 2 mg is not medically necessary.

Celexa 40MG tablets (citalopram hydrobromide) one table daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page(s) 13, 16 Page(s): 13, 16.

Decision rationale: The request for Celexa 40MG tablets (citalopram hydro bromide) one table daily is non-certified. The injured worker complained of right knee pain. There was no measurable pain level documented in the submitted report. The CA MTUS guidelines recommend antidepressants such as Celexa, as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. Side effects, including excessive sedation should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The documentation submitted for review indicated that the Celexa 40 mg was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. The submitted report also lacked any evidence of assessment of treatment efficacy and evaluation of function, changes in sleep quality, duration and a psychological assessment. Given there was submitted drug screens showing that the injured worker was in compliance, the report lacked substantial evidence in regards to the other CA MTUS guidelines. Given the above, request for ongoing use of Celexa 40 mg is not supported by the California Medical Treatment Utilization Schedule Guideline Recommendations. As such, the request is not medically necessary.