

Case Number:	CM14-0074808		
Date Assigned:	07/16/2014	Date of Injury:	07/14/2008
Decision Date:	10/28/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/22/2014

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 Pain 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:

The injured worker is a 36-year-old female who reported an injury on 07/14/2008. While walking into work in the park lot, she tripped over a speed bump, injuring her knees, arms, elbows, and wrists. The injured worker complained of right knee pain, left knee pain, and bilateral wrist pain. The injured worker had diagnoses of medial lateral meniscus tear of the bilateral knees, osteoarthritis of the bilateral knees, status post arthroscopic left knee with partial medial lateral meniscectomy dated 08/24/2009, overuse syndrome of the bilateral upper extremities, De Quervain's tenosynovitis of the bilateral wrists, and possible carpal tunnel syndrome of the bilateral wrists. The MRI of the left knee dated 02/13/2014 revealed tricompartmental osteoarthritic changes at the joint space and osteophyte formation, Baker's cyst, and small joint effusion. The past treatments included ice packs, stretching, and medication. The medication included Tramadol, Motrin, Ibuprofen, Zolpidem, Omeprazole, and Ambien. The objective findings dated 01/28/2014 revealed slow antalgic gait and tenderness medially to the bilateral knees. The injured worker rated her pain at 7/10 without medication and a 4/10 with medication using the VAS. The treatment plan included authorization for Lyrica, knee brace, cold therapy unit, and AME re-evaluation. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubriprofen/Ranitidine #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no citation noted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Drugs.

Decision rationale: Flurbiprofen/Ranitidine #90 is not medically necessary. The California MTUS Guidelines indicate that Flurbiprofen is used for arthritis and mild to moderate pain. The MTUS/ACOEM and Official Disability Guidelines do not address the request. Therefore, per webmd.com, ranitidine is for inflammation of the esophagus with erosion medications. The California MTUS/ACOEM does not address ranitidine. The Official Disability Guidelines indicate that compound drugs are not recommended as a first line therapy in general. FDA approved drugs should be given an adequate trial. Criteria for compound drugs include: at least 1 drug substance that is the sole active ingredient of the FDA prescription drug; not including over the counter drugs; include only bulk ingredients that are components of FDA approved drugs; is not a drug that is overdrawn or removed from the market; is not a copy of a commercially available FDA approved drug product; only substances that have been supported by safe and effective for prescription indicating for the FDA approved process. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of compound agents requires knowledge of a specific analgesic effect of each agent and how it will be used for the specific therapeutic goals. The ODG do not recommend compound medications. The request does not address the frequency or the individual dosage. It is unclear why the prescriber is ordering the combination medication. As such, the request is not medically necessary.

Midazolam/Melatonin 10/3mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Drugs & Melatonin.

Decision rationale: The decision for Midazolam/Melatonin 10/3mg #30 is not medically necessary. The California MTUS indicates that midazolam is a benzodiazepine, and is not recommended for long term use because long term use efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The Official Disability Guidelines recommend melatonin for insomnia treatment. There is also experimental clinical data supporting an analgesic role in melatonin. Melatonin shows potent analgesic effects in a dose dependent manner and melatonin has been shown to have analgesic benefits in patients with chronic pain. The Official Disability Guidelines also do not recommend compound drugs as first line therapies. In general, commercially available FDA approved drugs should be given an adequate trial. If these are found to be ineffective or contraindicated individuals. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not

recommended. The use of compound agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. It is unclear why the provider has ordered the compound drug in this manner. The request does not address the individual dosage or the frequency. As such, the request is not medically necessary.

Tramadol/Acetaminophen/Ondansetron 100/250/2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no citation noted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Tramadol Page(s): 11; 93.

Decision rationale: The request for Tramadol/Acetaminophen/Ondansetron 100/250/2mg #90 is not medically necessary. The California MTUS Guidelines indicates that tramadol is not recommended for first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment. Tramadol should be assessed for the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Acetaminophen is recommended for the treatment of chronic pain and acute exacerbations of chronic pain. The request for Ondansetron is indicate that the drug is a serotonin 5 HT3 receptor agonist, FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The Official Disability Guidelines indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of compound agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal. It is unclear why Tramadol/Acetaminophen/Ondansetron is being prescribed as a combination medication. The request does not indicate the frequency. As such, the request is not medically necessary.

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no citation noted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for Lyrica 75mg #60 is not medically necessary. The California MTUS Guidelines indicate that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approve for both indications, and is considered a first line treatment for both. The documentation did not indicate that the injured worker had postherpetic neuralgia or diabetic neuropathy. The request did not indicate the frequency. As such, the request is not medically necessary.