

Case Number:	CM14-0075118		
Date Assigned:	07/16/2014	Date of Injury:	06/16/2005
Decision Date:	09/11/2014	UR Denial Date:	05/14/2014
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 and 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 60 year old female with an injury date of 06/16/05. Based on the 04/17/14 progress report provided by [REDACTED] the patient's chief complaints are: Followup: Cervical post-laminectomy syndrome Follow up: Derangement of knee Followup: Sciatica Followup: Current tear of lateral cartilage and/or meniscus or knee Followup: Diffuse cervicobrachial syndrome Followup: Displacement of lumbar Intervertebral disc without myelopathy Followup: Current tear of medial cartilage and/or meniscus of knee Diagnostic assessment include the following: 1. Sciatica 2. Derangement of the knee and bucket handle tear of lateral meniscus 3. Tear of lateral cartilage or meniscus of knee 4. Displacement of lumbar intervertebral disc without myelopathy 5. Cervical post-laminectomy syndrome 6. Diffuse cervicobracchial syndrome 7. Current tear of medial cartilage and/or meniscus of knee 8. Current tear of lateral cartilage and/or meniscus of knee MRI Impression of right knee dated 03/28/14 reveals the following: 1. Meniscal tear of the medial meniscus centered at the junction of the posterior horn and mid body of the medial meniscus. 2. Partial meniscectomy at both the medial and lateral menisci and cartilage resurfacing at the level of the patella. 3. Recurrent bucket-handle tear at the mid body of the medial meniscus Progress report by [REDACTED] dated 04/14/14 shows that patient received injections of lidocaine, Marcaine and Kenalog that dramatically relieved her pain temporarily. Also, in another progress report provided by treater on 03/13/14 , the patient complains of depression with the risk of suicide. According to progress reports by [REDACTED] dated 04/07/14, and [REDACTED] dated 04/17/14, "the patient remains on Methadone 5 mg four times a day. Methadone at higher doses makes her overly sedated. She also takes that in combination with Norco 10/325 mg four times a day and these two medicines have worked pretty well. She also remains on a combination of Cymbalta and Prozac for depression."

The utilization review determination being challenged is dated 05/14/14. The rationale is that the clinical information submitted for review failed to meet the evidence based guidelines for the requested service and the mechanism of injury was not stated. Regarding Cymbalta and Prozac, there was failure to indicate dosage, frequency and duration. Norco 10/325mg #120 and Methodone 5mg #120 have been partially certified "since these medications should not be abruptly discontinued." [REDACTED] is the provider, and he provided treatment reports from 01/12/07 - 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, Outcomes measures Page(s): 60,61,88,89,78,8 of 127.

Decision rationale: This patient presents with chronic right knee pain with depression. The request is for Norco 10/325mg #120. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also state: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, the provider states that the medication "works pretty well," but has not provided documentation addressing the four A's, functional improvement and assessment have not been provided, nor numerical scales given. Without having a thorough overview of the previous use of this medication having been effective in reducing the patient's pain, improving her functional ability and quality of life, the continuation of its use cannot be supported with regards to its medical necessity. Recommendation is for not medically necessary.

Cymbalta: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), Duloxetine (Cymbalta) Page(s): 16,17,43,44.

Decision rationale: The request is for Cymbalta. Patient has already been taking Cymbalta for her pain and depression, and even has shown risk of suicide. The MTUS guidelines pg16, 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Also pg43, 44 in the guidelines state "The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression. This patient presents with significant depression for which Cymbalta may be indicated. Recommendation is for medically necessary.

Prozac: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines: Mental & stress chapter; Antidepressants - SSRI's versus tricyclics (class).

Decision rationale: The request is for Prozac. The patient has already been taking Prozac for her pain and depression, and even has shown risk of suicide. According to ODG, fluoxetine (Prozac) is recommended as a first-line treatment option for major depressive disorder. This patient presents with what appears to be a major depression for which Prozac has been prescribed. Recommendation is for medically necessary.

Methodone 5 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, Outcomes measures Page(s): 60,61,88,89,78,8 of 127.

Decision rationale: This patient presents with chronic knee pain with depression. The request is for Methodone 5mg #120. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also state: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There is no previous documentation indicating this medication has been effective in reducing her pain, other than the statement that it works pretty well. In this case, the provider has not provided documentation addressing the four A's, functional improvement and assessment have not been provided, nor numerical scales given. Without having a thorough overview of the previous use of this medication having been effective in reducing the patient's pain, improving her functional ability and quality of life, the continuation of its use cannot be supported with regards to its medical necessity. Recommendation is for not medically necessary.