

Case Number:	CM14-0075538		
Date Assigned:	07/16/2014	Date of Injury:	01/15/2002
Decision Date:	08/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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 65-year-old female who reported an injury on 01/15/2002 that continued to 01/12/2007. The injured worker had a history of right knee pain. The mechanism of injury was a slip and fall. Upon the exam on 04/29/2014, the injured worker stated that she recently had an accident where she was walking about to go down a step and she tried to lift her leg but was not strong enough to lift it. Therefore, she ended up falling. She was walking with a limp and had a very big bruise on the right knee. She stated the pain had been unbearable since the fall and that her pain started from the neck going to into the low back as well as into both shoulders and both hands. The injured worker stated she had to take more medication in order to control the pain throughout the day. Without the medication, the injured worker was almost unable to do any type of activity throughout the day. Examination of the cervical spine showed exquisite tenderness noted at the cervical paravertebrals. Range of motion is somewhat restricted and painful on flexion, extension, and side-to-side tilt. Exam of the lumbosacral spine showed severe tenderness noted throughout the lumbar paravertebrals, which was worse at L4-5 and L5-S1. Range of motion testing showed the injured worker could bend close to mid patella but was painful. Extension was at 25 degrees, lateral flexion was at 35 degrees bilaterally and lateral rotation was at 45 degrees bilaterally. The straight leg raise test caused hamstring tightness as well as the low back pain. Right knee exam showed restriction in extension approximately -10 degrees. There was tenderness on the sides of the scar on deep palpation as well as inferior pole of the patella and medial joint line. The injured worker had diagnoses of right hip sprain, left shoulder pain, lumbar sprain, bilateral knee sprain, status post left total knee replacement, gastritis, status post total knee replacement right side, anxiety/stress, and depression. Medications included Norco 10/325 mg one by mouth twice a day for severe pain, Prilosec 20 mg 1 by mouth twice a day for stomach protection, Xanax 0.5 mg 1 by mouth at bedtime as

needed for sleep and anxiety, and Celexa 20 mg 1 by mouth daily for depression. Prior treatments include medication, H-wave, and home exercise program. The request is for 30 tablets of Xanax 0.5 mg, 60 tablets of Norco 10/325 mg, 30 tablets of Celexa 20mg and 60 tablets 20 Prilosec 20 mg. The Request for Authorization form was not provided within the documentation submitted for review. The rationale for the Norco 10/325 mg is for severe pain, Prilosec 20 mg for stomach protection, Xanax 0.5 mg for sleep and anxiety, and Celexa 20 mg for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Xanax 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: The injured worker has a history of right knee pain. The California Medical Treatment Utilization Schedule (MTUS) addresses benzodiazepines. Xanax is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. There is a lack of documentation to include the specific necessity for ongoing use as well as documentation of efficacy of said medication. There is lack of information on the length of time the injured worker had been on this medication. There is no frequency provided in the request. As such, the request for Xanax 0.5 is not medically necessary.

60 tablets of Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The injured worker has a history of right knee pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of opioids be monitored for the efficacy and side effects and aberrant behaviors. There should be documentation of current pain, the least reported pain over the period since last assessment; average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. There was a lack of documentation for the above. There is insignificant documentation of functional improvement with the use of said medication. When on opioids, there is a need for urine drug screens which would address compliance with said medication. Also, there was no frequency for use. As such, the request for 60 tablets of Norco 10/325 mg is not medically necessary.

60 tablets 20 Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The injured worker had a history of right knee pain. Prilosec (Omeprazole) is a Proton pump inhibitors (PPIs). The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a non-selective NSAID with either a PPI (Proton Pump Inhibitor) or a Cox-2 selective agent for patients at risk for gastrointestinal events and no cardiovascular disease. The guidelines also state that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. There is lack of evidence for the effectiveness of said medication. Also, there was no frequency provided with request. As such, the request for 60 tablets 20 Prilosec 20 mg is not medically necessary.

30 tablets of Celexa 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: The injured worker has a history of right knee pain. Celexa is an antidepressant. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. An assessment of treatment efficacy should be done to 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. There is lack of documentation as the effectiveness of said medication. There is no medical necessity to warrant the use of said medication. There was no frequency within the request. As such, the request for 30 tablets for Celexa 20 mg is not medically necessary.