

Case Number:	CM14-0096999		
Date Assigned:	07/28/2014	Date of Injury:	05/17/2012
Decision Date:	09/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 and is licensed to practice in Illinois. 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 33-year-old male who reported an injury resulting from a misstep during heavy lifting on 05/17/2012. On 07/08/2014, his diagnoses included internal derangement of the left knee status post surgical intervention, discogenic lumbar condition with radicular component down the lower extremities, compensable right knee issues, and ankle pain. His complaints included persistent pain to both knees. On 12/30/2013, his diagnoses also included issues of depression, sleep, and sexual dysfunction, and GERD. X-rays of the knees revealed decompression of approximately 3 mm of articular surface on the left and approximately 3 mm laterally and 2 mm medially on the right. His medications and their rationale included Trazodone 50 mg for insomnia, Effexor 75 mg for depression, and Protonix 20 mg for upset stomach. There was a Request for Authorization dated 08/12/2014 for the Trazodone and the Effexor only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, qty60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 68-69.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines suggest that proton pump inhibitor, which includes Protonix, may be recommended, but clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors which determine if the patient is at risk for gastrointestinal events, include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants; and high dose/multiple NSAID use. The injured worker did not meet any of the qualifying criteria above for risk of gastrointestinal events. Additionally, the request did not include frequency of administration. Therefore, this request for Protonix 20mg, qty60 is not medically necessary and appropriate.

Effexor 75mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,404,Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend brief courses of antidepressants, which may be helpful to alleviate symptoms of depression, but because they may take weeks to exert their maximum effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. The submitted documentation reveals that this worker has been taking Effexor since 12/30/2013. This exceeds the recommendations in the guidelines for a brief course of antidepressants. Additionally, there was no frequency of administration included in the request. Therefore, this request for Effexor 75mg, qty 60 is not medically necessary and appropriate.

Trazadone 50mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend tricyclic antidepressants as first line agents, unless they are ineffective, poorly tolerated, or contraindicated. 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 status. Side effects, including excessive sedation, should also be assessed. Long term effectiveness of antidepressants has not been established. Serotonin reuptake inhibitor, which includes Trazodone, is not FDA approved for insomnia. Additionally,

the request did not specify frequency of administration. Therefore, this request for Trazadone 50mg, qty 60 is not medically necessary and appropriate.

Standing Xrays of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Radiography (x-rays).

Decision rationale: The Official Disability Guidelines recommend x-rays of the knees in a primary care setting, if a fracture is considered. Indications for x-ray of the knees include acute trauma with effusion, an inability to walk or suspicion of posterior knee dislocation. The submitted documentation included the results of a prior x-ray of the left knee that showed a 3 mm articular decompression. There was no rationale or justification for repeat x-rays of the left knee. Therefore, this request for standing x-ray of the left knee is not medically necessary and appropriate.