

Case Number:	CM14-0191040		
Date Assigned:	11/24/2014	Date of Injury:	11/01/2007
Decision Date:	03/31/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 sustained an industrial injury on November 1, 2007, jumping backwards off a bus that was on fire. She has reported anxiety attacks, panic attacks, and a right knee injury. The diagnoses have included chronic right knee pain likely meniscal involvement, patellofemoral syndrome, and depression with anxiety. Treatment to date has included physical therapy, psychological therapy, TENS, Hyalgan injections, cortisone injections and pain medications. Currently, the injured worker complains of right knee pain. The Treating Physician's report dated August 11, 2014, noted the injured worker with an antalgic gait, with inspection of the right knee joint revealing slight edema, crepitus with active movement, tenderness to palpation over the medial joint line and patella, mild effusion of the knee joint, and restricted range of motion (ROM) due to pain. The left knee was noted to have restricted range of motion (ROM), crepitus with active movement, and tenderness to palpation over the medial joint line and patella. Requests for further psychological treatments was not authorized. The medications listed are Vicodin, Lexapro, Ibuprofen and Tylenol. On November 4, 2014, Utilization Review non-certified Vicodin 5/300mg #30, Lexapro 10mg #30, and Ibuprofen 600mg #60. The UR Physician noted a prior UR dated June 30, 2014, that indicated that the Vicodin and Lexapro were certified with warnings that on subsequent reviews, specific documentation of efficacy and the MTUS mandated documentation should be provided and time allotted for weaning, the request for Vicodin 5/300mg #30 and Lexapro 10mg #30 were non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG). The UR Physician noted that without documentation of objective

functional improvement with prior use, the request for Ibuprofen 600mg #60 was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On November 4, 2014, the injured worker submitted an application for IMR for review of Vicodin 5/300mg #30, Lexapro 10mg #30, and Ibuprofen 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300 mg #30, take one tab as needed for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96.

Decision rationale: The CA MTUS recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with development of tolerance, sedation, dependency, addiction and adverse interaction with sedatives and psychiatric medications. The records did not show subjective and objective findings consistent with the diagnosis of severe musculoskeletal pain. The records did not show the guidelines recommended documentation of random UDS, absence of aberrant behavior and functional restoration with utilization of the medications. The criteria for the use of Vicodin 5/300mg #30 was not met.

Lexapro 10 mg #30, take one tab daily: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that effective treatment of co-existing psychosomatic disorder is necessary during chronic pain management. The presence of poorly controlled psychiatry disorders is associated with decreased efficacy of pain management treatments, decreased functional restoration, increased incidence of aberrant drug behaviors, and adverse medication complications. The records indicate that the patient was diagnosed with significant psychiatric disorders. There is documentation of symptomatic control and functional restoration with utilization of antidepressant medications. The recommendation for continued psychiatric care with psychotherapy had not authorized. The criteria for utilization of Lexapro 10mg #30 was met.

Ibuprofen 600mg #60, one tab twice daily as needed: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73.

Decision rationale: The CA MTUS recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The guidelines recommend the the minimum dosage of NSAIDs should be utilized for the short periods to decrease the risks of NSAIDs related complications. The records indicate that the patient is utilizing Ibuprofen as needed for the treatment of exacerbation of musculoskeletal pain. The criteria for the use of Ibuprofen 600mg #60 twice a day as needed was met.