

Case Number:	CM14-0206987		
Date Assigned:	12/19/2014	Date of Injury:	05/15/2002
Decision Date:	02/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This patient sustained an injury on 5/15/2002 while employed by [REDACTED]. Request(s) under consideration include Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120. Diagnoses include chronic right knee pain s/p right knee arthroscopic surgery in 2002. MRI of right knee on 9/2/14 showed low grade strain of medial gastrocnemius and small effusion. Conservative care has included medications, therapy, Synvisc injection, and modified activities/rest. The patient remained treating on future medical benefits. The patient continues to treat for chronic ongoing symptoms. Report of 12/1/14 from the provider noted ongoing knee pain rated at 8/10 down to 6/10 with 2 Norco. Medications list Norco, Colace, and Lexapro. Exam noted "No significant change." Treatment included continuing with medications. The request(s) for Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120 were non-certified on 11/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Colace 100mg PO bid: 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 Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77, 88.

Decision rationale: This patient sustained an injury on 5/15/2002 while employed by [REDACTED]. Request(s) under consideration include Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120. Diagnoses include chronic right knee pain s/p right knee arthroscopic surgery in 2002. MRI of right knee on 9/2/14 showed low grade strain of medial gastrocnemius and small effusion. Conservative care has included medications, therapy, Synvisc injection, and modified activities/rest. The patient remained treating on future medical benefits. The patient continues to treat for chronic ongoing symptoms. Report of 12/1/14 from the provider noted ongoing knee pain rated at 8/10 down to 6/10 with 2 Norco. Medications list Norco, Colace, and Lexapro. Exam noted "No significant change." Treatment included continuing with medications. The request(s) for Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120 were non-certified on 11/25/14. Docusate Sodium (Colace) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic 2002 injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Retro Colace 100mg PO bid #150 with 1 refill is not medically necessary and appropriate.

Retro Lexapro 10mg BID #120: Upheld

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

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

Decision rationale: This patient sustained an injury on 5/15/2002 while employed by [REDACTED]. Request(s) under consideration include Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120. Diagnoses include chronic right knee pain s/p right knee arthroscopic surgery in 2002. MRI of right knee on 9/2/14 showed low grade strain of medial gastrocnemius and small effusion. Conservative care has included medications, therapy, Synvisc injection, and modified activities/rest. The patient remained treating on future medical benefits. The patient continues to treat for chronic ongoing symptoms. Report of 12/1/14 from the provider noted ongoing knee pain rated at 8/10 down to 6/10 with 2 Norco. Medications list Norco, Colace, and Lexapro. Exam noted "No significant change." Treatment included continuing with medications. The request(s) for Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120 were non-certified on 11/25/14. Lexapro (escitalopram oxalate) is an orally administered selective serotonin reuptake inhibitor (SSRI). Lexapro (escitalopram) is indicated

for the acute and maintenance treatment of major depressive and generalized anxiety disorders. Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Lexapro (a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. No high quality evidence is reported to support the use of Lexapro for chronic pain and more studies are needed to determine its efficacy. Submitted reports do not document or describe continued indication or specific functional improvement from Lexapro treatment. There is also no mention of previous failed trial of TCA or other first-line medications without specific improvement in clinical findings from treatment rendered. The Retro Lexapro 10mg BID #120 is not medically necessary and appropriate.

Retro Norco 10/325mg BID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This patient sustained an injury on 5/15/2002 while employed by [REDACTED]. Request(s) under consideration include Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120. Diagnoses include chronic right knee pain s/p right knee arthroscopic surgery in 2002. MRI of right knee on 9/2/14 showed low grade strain of medial gastrocnemius and small effusion. Conservative care has included medications, therapy, Synvisc injection, and modified activities/rest. The patient remained treating on future medical benefits. The patient continues to treat for chronic ongoing symptoms. Report of 12/1/14 from the provider noted ongoing knee pain rated at 8/10 down to 6/10 with 2 Norco. Medications list Norco, Colace, and Lexapro. Exam noted "No significant change." Treatment included continuing with medications. The request(s) for Retro Colace 100mg PO bid #150 with 1 refill, Retro Lexapro 10mg BID #120, and Retro Norco 10/325mg BID #120 were non-certified on 11/25/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of

opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retro Norco 10/325mg BID #120 is not medically necessary and appropriate.