

<b>Case Number:</b>	CM15-0104011		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/17/2001
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and chronic knee pain reportedly associated with an industrial injury of August 17, 2011. In a utilization review report dated May 13, 2015, the claims administrator failed to approve requests for Naprosyn, Protonix, Effexor, and trazodone. The claims administrator referenced an order form dated May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of knee pain. The applicant had reportedly ceased working in 2007. The applicant has collected Workers' Compensation Indemnity benefits for a protracted amount of time, the treating provider posited. The applicant was still overweight, despite having lost 70 pounds, the treating provider reported. The applicant was using a cane to move about. The applicant reported diminished sitting, standing, and walking tolerance. The applicant was minimizing performance of household chores. The applicant was using a front-wheeled walker and/or cane, it was stated in various sessions of the note. The applicant did have comorbid hypertension and diabetes. A positive McMurray maneuver at the knee was noted. Multiple medications were endorsed, including Nalfon, Effexor, Protonix, and tramadol. The note was very difficult to follow and, at times, internally inconsistent. In another section of the note, the attending provider suggested that the applicant needed prescriptions for Naprosyn, Protonix, tramadol, Effexor, and Desyrel. Renal and hepatic function testings were endorsed. A conductive garment for a TENS unit was sought. Little-to-no discussion of medication efficacy transpired.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not clearly state on his May 4, 2015 progress note why he was furnishing the applicant with separate prescriptions for two separate NSAIDs, Nalfon (fenoprofen) and Naprosyn. Therefore, the request was not medically necessary.

**Protonix 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Conversely, the request for Protonix, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for adverse gastrointestinal complaints who, by implication, qualify for prophylactic use of proton pump inhibitors such as Protonix include those applicants who are concurrently using multiple NSAIDs. Here, the applicant was, in fact, concurrently using two separate NSAIDs, Nalfon and Naprosyn. Prophylactic usage of Protonix was indicated in the face of the applicant's concurrently using two separate NSAIDs. Therefore, the request was medically necessary.

**Effexor XR 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor); Pain Mechanisms Page(s): 16; 3.

**Decision rationale:** Conversely, the request for Effexor, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Effexor is FDA approved in the treatment of anxiety, depression, panic disorder, and social phobias, and sought off label for fibromyalgia, neuropathic pain, and/or diabetic neuropathy, here, however, it was not clearly stated for what issue, diagnosis, and/or purpose Effexor had been employed, nor was it stated whether or not ongoing usage of Effexor was or was not effective for whatever role it had been selected. The attending provider's progress note on May 4, 2015 did not clearly state for what diagnosis the applicant was receiving Effexor. The applicant's primary operating diagnosis was internal derangement of the knee. There is no mention of the applicant's having issues with anxiety, depression, panic disorders, social phobias, fibromyalgia, and/or neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by lancinating, electric shock like, numbing, tingling, and burning sensations, none of which were reported here, i.e., symptoms which were not reported here. The applicant was described on May 4, 2015 as exhibiting issues with mechanical knee pain with associated buckling and limping. It did not appear, in short, that ongoing usage of Effexor was appropriate here. Therefore, the request was not medically necessary.

**Trazadone 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** Finally, the request for trazodone, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for trazodone (Desyrel). The attending provider stated on April 29, 2015 that the applicant was using trazodone for insomnia. However, the attending provider did not say whether ongoing use of trazodone was or was not effective, either in the April 29, 2015 progress note or on a subsequent note dated May 4, 2015. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendation to ensure proper usage and so as to manage expectations. Here, however, such discussion was, quite clearly, lacking. Therefore, the request was not medically necessary.