

Case Number:	CM15-0136834		
Date Assigned:	07/24/2015	Date of Injury:	08/22/2004
Decision Date:	08/21/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 54 year old female sustained an industrial injury on 8/22/04. She subsequently reported lower extremity pain. Diagnoses include right knee derangement and arthritis. Treatments to date include x-ray and MRI testing, TENS therapy, lower extremity braces, injections and prescription pain medications. The injured worker continues to experience right knee pain. Upon examination, tenderness was noted along the dome of the ankle on the left. Tenderness along the ankles on the right with less than 50 percent motion is noted. Tenderness along the knee medially is noted bilaterally with weakness to resisted function. Knee extension is 180 degrees and flexion is 120 degrees. A request for Celebrex, Effexor and Trazodone medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2004 and continues to be treated for low back, bilateral knee, and bilateral ankle pain. When seen, she was ambulating with a cane. She was using tens and knee support braces. She had completed a series of left knee viscosupplementation injections and had undergone an ankle cortisone injection. Her past medical history was negative for hypertension or diabetes. She had allergies including to Celebrex. Physical examination findings included right ankle tenderness and left knee tenderness with weakness. Authorization for medications was requested including Celebrex and AcipHex. Diagnoses include lumbar degenerative disc disease with lower extremity radicular symptoms. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. AcipHex was also prescribed and prescribing a selective NSAID and a proton pump inhibitor is not indicated. Additionally, the claimant has an allergy to this medication. The request was not medically necessary or appropriate.

Effexor XR 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-16 Page(s): 13-16.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2004 and continues to be treated for low back, bilateral knee, and bilateral ankle pain. When seen, she was ambulating with a cane. She was using tens and knee support braces. She had completed a series of left knee viscosupplementation injections and had undergone an ankle cortisone injection. Her past medical history was negative for hypertension or diabetes. She had allergies including to Celebrex. Physical examination findings included right ankle tenderness and left knee tenderness with weakness. Authorization for medications was requested including Celebrex and AcipHex. Diagnoses include lumbar degenerative disc disease with lower extremity radicular symptoms. Antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Venlafaxine (Effexor) is used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy with a maximum daily dose of 300 mg per day. In this case, the claimant has chronic lower extremity radicular pain and the requested dose is within recommended guidelines. This medication was medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-16 Page(s): 13-16. Decision based on Non-MTUS Citation Trazodone Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2004 and continues to be treated for low back, bilateral knee, and bilateral ankle pain. When seen, she was ambulating with a cane. She was using tens and knee support braces. She had completed a series of left knee viscosupplementation injections and had undergone an ankle cortisone injection. Her past medical history was negative for hypertension or diabetes. She had allergies including to Celebrex. Physical examination findings included right ankle tenderness and left knee tenderness with weakness. Authorization for medications was requested including Celebrex and AcipHex. Diagnoses include lumbar degenerative disc disease with lower extremity radicular symptoms. Trazodone is an antidepressant medication. This class of medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant has radiating pain consistent with a diagnosis of neuropathic pain as well as chronic low back pain. However, the recommended starting dose is 150 mg in divided doses daily. In this case, the dose being prescribed is below that recommended for an adult patient. There are no reported adverse medication side effects that would prevent a titration of the claimant's dose. Effexor was being prescribed at less than the maximum dose and prescribing another antidepressant medication is duplicative. Trazodone 50 mg, #60 was not medically necessary.