MAXIMUS Federal Services

Case Number:	CM15-0138608		
Date Assigned:	07/28/2015	Date of Injury:	10/14/2009
Decision Date:	09/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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 injured worker is a 61-year-old female, who sustained an industrial injury on 10/14/2009, after a slip and fall. The injured worker was diagnosed as having right knee pain, status post arthroscopic surgeries in 4/2010 and 10/2010, status post Synvisc injection with significant residual pain and residual antalgic gait, right lumbar strain with right lumbar radiculitis, and anxiety and depression due to chronic pain. Treatment to date has included diagnostics, mental health treatment, and medications. Currently, the injured worker complains of right knee pain, low back pain with radiation to the right leg, anxiety due to pain, insomnia due to pain, and right shoulder pain due to a fall. Her mood and affect were slightly depressed. Her pain was not rated. It was documented that she was already considered permanent and stationary for physical complaints but needed additional treatment on a psychiatric basis. She was to remain off Celebrex, or any other non-steroidal anti-inflammatory drugs, due to stomach upset. She was prescribed Ibuprofen cream 10%, Norco (since at least 11/2014), Mirtazapine (since at least 3/2015), and Klonopin (since at least 11/2014). She was to remain off Xanax due to spontaneous worsening. She was currently self-managing psychiatric symptomatology, and this was to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least November 2014. Although the injured worker has had objective documentation of functional improvement and significant decreases in pain, there is no evidence of monitoring for medication compliance or aberrant behavior. There was prior approval for a 30-day supply of Norco in order to become compliant with guidelines. No other information has been supplied. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg, 180 count is determined to not be medically necessary.

Ibuprofen cream 10%: 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 NSAIDs Section, Topical Analgesics Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment but not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Topical NSAIDs are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. The only FDA-approved NSAID for topical use is Diclofenac gel. In this case, the injured worker is intolerant to oral NSAIDs; however, there is no evidence of failure with

anticonvulsants or antidepressants. The request for Ibuprofen cream 10% is determined to not be medically necessary.

Mirtazapine 15 mg: 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 Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: Antidepressant for chronic pain is recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Mirtazapine is effective at addressing psychological symptoms associated with chronic pain. Per the ODG Selective serotonin reuptake inhibitors (SSRIs), 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. More information is needed regarding the role of SSRIs and pain. Side effects include bleeding (an association has been found between the use of SSRI antidepressants and gastrointestinal bleeding). This risk is increased with the concomitant use of ASA or NSAIDs. It is suggested that the increased risk for GI bleeding be discussed with patients that have other risks for GI bleeding. A treatment option for those at risk for bleeding includes switching to an antidepressant with a lower degree of inhibition of serotonin reuptake (Intermediate reuptake: venlafaxine, amitriptyline, imipramine, citalopram; Low reuptake: desipramine, doxepin, trazodone, bupropion, mirtazapine). SSRIs with the highest degree of inhibition of serotonin reuptake include paroxetine, sertraline, and fluoxetine. Mirtazipine appears to be appropriate, in this case, to treat the injured workers anxiety associated with chronic pain, however, there is no quantity information included with this request. The amount of medication to be dispensed is required to establish medical necessity. The request for Mirtazipine 15 mg is determined to not be medically necessary.

Klonopin 0.5 mg: 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 Benzodiazepines Section, Muscle Relaxants (For Pain) Section, Weaning of Medications Section Page(s): 24, 63-66, 124.

Decision rationale: The MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly

reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Benzodiazepines are not recommended for spasticity due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The injured worker has used this medication for a chronic nature, which is not consistent with recommended guidelines. Additionally, there is no quantity information included with this request, therefore, the request for Klonopin 0.5 mg is determined to not be medically necessary.