

Case Number:	CM15-0140446		
Date Assigned:	07/30/2015	Date of Injury:	07/30/2008
Decision Date:	09/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 75 year old male sustained an industrial injury to the right knee on 7-30-08. The injured worker underwent low back surgery on 5-1-15. Additional previous treatment included right knee meniscectomy, knee brace, hot and cold wrap, transcutaneous electrical nerve stimulator unit and medications. In a follow-up evaluation for the right knee dated 6-3-15, the injured worker reported that his back pain had improved significantly. The injured worker reported having persistent intermittent right knee pain. The physician noted that the injured worker took medications to be functional. Physical exam was remarkable for tenderness to palpation along the right knee lateral and medial joint lines with decreased range of motion. The injured worker used a cane to assist with ambulation. Current diagnoses included internal derangement of the knee status post meniscectomy, discogenic lumbar condition, depression and insomnia. The treatment plan included requesting authorization for a gallium scan and bone scan, medications (Norco, Naproxen Sodium, AcipHex, Ultracet, Trazodone and Norco) and a transcutaneous electrical nerve stimulator unit with conductive garment for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

AcipHex 20mg quantity 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aciphex, Manufacturer's Literature.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The 75 year old is status post lower back surgery on 05/01/15, as per progress report dated 06/03/15. The request is for ACIPHEX 20mg QUANTITY 60. The RFA for this case is dated 04/01/15, and the patient's date of injury 07/30/08. Diagnoses, as per progress report dated 06/03/15, included internal derangement of the right knee status post meniscectomy, discogenic pain of the lumbar spine, and element of depression and sleep. Medications included Norco, Naproxen, Aciphex, Ultracet, and Trazodone. The patient has retired, as per the same progress report. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Rabeprazole is a PPI similar to omeprazole. In this case, a prescription for Aciphex is first noted in progress report dated 04/01/15. Prior progress reports document the use of Prilosec and Protonix. The treater does not explain the reason for the switch. The patient is also taking Naproxen, an NSAID, at least since 10/16/13 for inflammation. As per progress report dated 06/03/15, the Aciphex helps with gastritis. MTUS also supports the use of proton-pump inhibitors in patients with medication-induced gastritis, especially in patients over 65 years of age. Hence, the request IS medically necessary.

Ultracet 37.5/325mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The 75 year old is status post lower back surgery on 05/01/15, as per progress report dated 06/03/15. The request is for ULTRACET 37.5/325mg QUANTITY 60. The RFA for this case is dated 04/01/15, and the patient's date of injury 07/30/08. Diagnoses, as per progress report dated 06/03/15, included internal derangement of the right knee status post meniscectomy, discogenic pain of the lumbar spine, and element of depression and sleep. Medications included Norco, Naproxen, Aciphex, Ultracet, and Trazodone. The patient has retired, as per the same progress report. MTUS Guidelines pages 88 and 89 states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states: "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Ultracet along with Norco is first noted in progress report dated 04/01/15. Some of the prior progress reports from 10/16/13 document the use Tramadol with Norco. As per progress report, dated 06/03/15, the patient is taking medication "to be functional." The patient has had a urine screen, as per progress report dated 04/01/15. The treater, however, does not use a pain scale to demonstrate before and after analgesia nor does the treater provide specific examples that indicate improvement in function. No CURES and UDS reports are available for review. There is no discussion regarding the side effects of Ultracet. MTUS requires a clear documentation regarding impact of Ultracet on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

Trazodone 50mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress/mental chapter under Trazodone.

Decision rationale: The 75 year old is status post lower back surgery on 05/01/15, as per progress report dated 06/03/15. The request is for TRAZODONE 50mg QUANTITY 60. The RFA for this case is dated 04/01/15, and the patient's date of injury 07/30/08. Diagnoses, as per progress report dated 06/03/15, included internal derangement of the right knee status post meniscectomy, discogenic pain of the lumbar spine, and element of depression and sleep. Medications included Norco, Naproxen, Aciphex, Ultracet, and Trazodone. The patient has retired, as per the same progress report. ODG Guidelines, stress/mental chapter under Trazodone, has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, the patient has been taking Trazodone for insomnia at least since 10/16/13. As per progress report dated 06/03/15, the patient has an element of depression and sleep issues. The patient is also taking Effexor for chronic pain related to depression, as per progress report dated 04/01/15. While ODG guidelines support the use of Trazodone in patients with insomnia and coexisting depression, the treater does not document the efficacy of the medication and its impact on patient's symptoms in this case. Given the lack of relevant documentation, the request IS NOT medically necessary.

Norco 10/325mg quantity 160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The 75 year old is status post lower back surgery on 05/01/15, as per progress report dated 06/03/15. The request is for NORCO 10/325mg QUANTITY 160. The RFA for this case is dated 04/01/15, and the patient's date of injury 07/30/08. Diagnoses, as per progress report dated 06/03/15, included internal derangement of the right knee status post meniscectomy, discogenic pain of the lumbar spine, and element of depression and sleep. Medications included Norco, Naproxen, Aciphex, Ultracet, and Trazodone. The patient has retired, as per the same progress report. MTUS Guidelines pages 88 and 89 states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states: "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 10/16/13, and the patient has been taking the medication consistently at least since then. Progress reports also document the use Tramadol and Ultracet. As per progress report, dated 06/03/15, the patient is taking medication "to be functional." The patient has had a urine screen, as per progress report dated 04/01/15. The treater, however, does not use a pain scale to demonstrate before and after analgesia nor does the treater does not provide specific examples that indicate improvement in function. No CURES and UDS reports are available for review. There is no discussion regarding the side effects of Norco. MTUS requires a clear documentation regarding impact of the drug on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.