

Case Number:	CM15-0145877		
Date Assigned:	07/30/2015	Date of Injury:	04/24/2002
Decision Date:	09/21/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 56 year old female sustained an industrial injury on 4-24-02. She subsequently reported bilateral knee and left foot pain. Diagnoses include status post total knee revision surgery, internal derangement of left knee with patellofemoral inflammation and reflex sympathetic dystrophy of the left lower extremity. Treatments to date include MRI testing, knee surgery, physical therapy and prescription pain medications. The injured continues to experience right knee pain. Upon examination, she still walks with a slight limp. There is tenderness of the right knee. Incisions are healing well. Range of motion is diminished. A request for Celebrex 200mg #30, Flexeril 7.5 #60, Lunesta 2mg #30 and Wellbutrin XR 150mg #120 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents on 04/25/15 with bilateral knee and foot pain, and cervical spine pain which radiates into the left shoulder. The patient's date of injury is 04/24/02. Patient is status post right knee total arthroplasty on 09/21/07, and complex revision of infected left-knee implant, with debridement and total knee revision in May 2014. The request is for CELEBREX 200MG #30. The RFA was not provided. Physical examination dated 04/25/15 reveals tenderness to palpation of the right trapezius, upper back, and rhomboid muscles with trigger points noted, and slight to moderate cervical paraspinal muscle spasm and reduced cervical range of motion in all planes. Lower extremity examination reveals atrophy in the right thigh and calf muscles, a 6 inch horizontal scar below the right knee joint line, and a 9 inch anterior mid-line longitudinal scar over the right knee and global tenderness to palpation with reduced range of motion in all planes. McMurray's and Lachman's tests are noted to be positive on the right knee, and the provider notes diffuse hypersensitivity and mottling in the left foot. The patient's current medication regimen is not provided. Patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines, page 22, has the following under Anti-inflammatory medications: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." In regard to the request for Celebrex, this patient does not meet guideline criteria. It is not clear how long this patient has been taking Celebrex or to what effect. While this patient is 56 years old, there is no discussion of a history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. The request IS NOT medically necessary.

Flexeril 7.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 04/25/15 with bilateral knee and foot pain, and cervical spine pain which radiates into the left shoulder. The patient's date of injury is 04/24/02. Patient is status post right knee total arthroplasty on 09/21/07, and complex revision of infected left-knee implant, with debridement and total knee revision in May 2014. The request is for FLEXERIL 7.5 #60. The RFA was not provided. Physical examination dated 04/25/15 reveals tenderness to palpation of the right trapezius, upper back, and rhomboid muscles with trigger points noted, and slight to moderate cervical paraspinal muscle spasm and reduced cervical range of motion in all planes. Lower extremity examination reveals atrophy in the right thigh and calf muscles, a 6 inch horizontal scar below the right knee joint line, and a 9 inch anterior mid-line longitudinal scar over the right knee and global tenderness to palpation with reduced range of motion in all planes. McMurray's and Lachman's tests are noted to be positive on the right knee, and the provider notes diffuse hypersensitivity and mottling in the left foot. The

patient's current medication regimen is not provided. Patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. It is not clear how long this patient has been prescribed Flexeril or to what effect. Guidelines indicate that muscle relaxants such as Flexeril considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 60 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Lunesta 2mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Insomnia treatment.

Decision rationale: The patient presents on 04/25/15 with bilateral knee and foot pain, and cervical spine pain which radiates into the left shoulder. The patient's date of injury is 04/24/02. Patient is status post right knee total arthroplasty on 09/21/07, and complex revision of infected left-knee implant, with debridement and total knee revision in May 2014. The request is for LUNESTA 2MG #30. The RFA was not provided. Physical examination dated 04/25/15 reveals tenderness to palpation of the right trapezius, upper back, and rhomboid muscles with trigger points noted, and slight to moderate cervical paraspinal muscle spasm and reduced cervical range of motion in all planes. Lower extremity examination reveals atrophy in the right thigh and calf muscles, a 6 inch horizontal scar below the right knee joint line, and a 9 inch anterior mid-line longitudinal scar over the right knee and global tenderness to palpation with reduced range of motion in all planes. McMurray's and Lachman's tests are noted to be positive on the right knee, and the provider notes diffuse hypersensitivity and mottling in the left foot. The patient's current medication regimen is not provided. Patient is not currently working. MTUS/ACOEM did not discuss Lunesta or insomnia treatment, though ODG pain chapter, for Insomnia treatment states: "Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." ODG pain chapter, for Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use." In regard to Lunesta, the requesting provider has exceeded guideline recommendations. Progress notes do not indicate that this patient has taken Lunesta to date. While MTUS does not discuss this particular medication, ODG only supports short-term use. The request for 30 tablets does not imply the intent to limit this medication's use to 7-10 days and cannot be substantiated. Therefore, the request IS NOT medically necessary.

Wellbutrin XR 150mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

Decision rationale: The patient presents on 04/25/15 with bilateral knee and foot pain, and cervical spine pain which radiates into the left shoulder. The patient's date of injury is 04/24/02. Patient is status post right knee total arthroplasty on 09/21/07, and complex revision of infected left-knee implant, with debridement and total knee revision in May 2014. The request is for WELLBUTRIN XR 150MG #120. The RFA was not provided. Physical examination dated 04/25/15 reveals tenderness to palpation of the right trapezius, upper back, and rhomboid muscles with trigger points noted, and slight to moderate cervical paraspinal muscle spasm and reduced cervical range of motion in all planes. Lower extremity examination reveals atrophy in the right thigh and calf muscles, a 6 inch horizontal scar below the right knee joint line, and a 9 inch anterior mid-line longitudinal scar over the right knee and global tenderness to palpation with reduced range of motion in all planes. McMurray's and Lachman's tests are noted to be positive on the right knee, and the provider notes diffuse hypersensitivity and mottling in the left foot. The patient's current medication regimen is not provided. Patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines, page 16, for Bupropion states: "this is a second-generation non-tricyclic antidepressant - a noradrenaline and dopamine reuptake inhibitor- has been shown to be effective in relieving neuropathic pain." In regard to the request for Wellbutrin, the prescribed medication appears reasonable. It is not clear how long this patient has been consistently taking Wellbutrin, though a qualified psychiatric evaluation indicates that this patient has had difficulty obtaining many of her medications due to sporadic UR denials. Given this patient's significant chronic multi-system pain, surgical history, and the associated depression and anxiety secondary to loss of function, the usage of this medication is substantiated and could improve this patient's quality of life. Therefore, this request IS medically necessary.