

Case Number:	CM15-0160205		
Date Assigned:	08/26/2015	Date of Injury:	11/02/2010
Decision Date:	10/15/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

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 53 year old male who sustained an industrial injury on 11-02-2010. According to a vascular surgical consultation dated 07-07-2015, the injured worker had a history of right leg deep vein thrombosis (DVT) prior to a total knee arthroplasty. He was currently taking Coumadin (anti-coagulation therapy). He reported that his arthroplasty was infected and was anticipating reoperative right knee surgery. His medication regimen included Metformin, Tramadol, Warfarin (Coumadin) and Celebrex. An ultrasound of the right leg was performed evaluating saphenous incompetence. There was no incompetence to the greater saphenous vein. The popliteal vein was also visualized and it was normal and compressible. The provider noted that the injured worker was at average risk for recurrent deep vein thrombosis. Recommendations included right total knee surgery for infection and discontinuation of Coumadin prior to his total knee arthroplasty. The provider recommended Xarelto 20 mg nightly following his total knee arthroplasty for postoperative deep vein thrombosis and to return in 1-2 months after right knee surgery. The provider noted that at that time he would assess him and have him stop taking anticoagulation therapy. Daily aspirin was recommended. According to a progress report dated 08-03-2015, the injured worker was taking all his same medications, out of pocket, Tramadol, Cimetidine and Celebrex. He was also taking diabetic medications with private doctor. The injured worker was working with restrictions. He reported ongoing right knee pain and swelling. There was weakness and giving out. There was continual popping. There was swelling and increased pain in the right hip depending on level of activity. There was continuing swelling on the right calf from DVT's. Objective findings included crepitus medially, laterally and under patella of right knee. Diagnoses included internal derangement right knee,

status post arthroplasty right knee x 4, deep vein thrombosis right lower extremity, status post total knee replacement right knee with cruciate ligament laxity and unexplained right hip pain. The injured worker's Protime and INR (lab results) findings were reviewed. The results were not submitted for review. The treatment plan included obtain report from vascular surgeon, continue Warfarin 10 mg daily, continue weekly labs (Protime and INRs), request authorization to schedule consultation and treatment regarding total knee replacement revision, defer treatment with named provider who was recommending a vena cava filter placement by a radiologist. Prescriptions included Tramadol 50 mg #200, one or two four times a day as needed for pain x 4 refills, Celecoxib 200 mg #60 one twice a day x 5 refills, Warfarin 5 mg #60 one twice a day x 5 refills, Warfarin 2 mg #30 one daily x 5 refills and Eszopiclone 3 mg #30 one at bed time x 4 refills. The injured worker was instructed to return to full duty with no limitations or restrictions. He was to return to the office in 5 to 7 weeks. Currently under review is the request for Tramadol 50 mg #200 with 4 refills Celecoxib 200 mg #60 with 5 refills Warfarin 5 mg #60 with 5 refills Warfarin 2 mg #30 with 5 refills and Eszopiclone 3 mg #30 with 4 refills. Documentation submitted for review dates back to 05-18-2015 and shows continued use of Tramadol, Celecoxib, Warfarin and Eszopiclone since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Tramadol.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Official Disability Guidelines state Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/ acetaminophen. As of November 2013, Tramadol had been designated a schedule IV controlled substance. Official Disability Guidelines state that Tramadol/Acetaminophen (Ultracet) analgesic dosage is as follows: for short-term use of < 5 days in acute pain management and is not recommended for patients with hepatic impairment. Suggested dosage is 2 tablets by mouth every 4 to 6 hours as needed (max 8 tablets per day). In this case, documentation submitted

for review dated back to 05-18-2015 and shows continued use of Tramadol. The treating provider did not document current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Urine toxicology screens showing compliance were not submitted for review. In addition, it is unclear why the requested treatment is for 4 refills since the injured worker received a prescription of Tramadol #200 with 4 refills on 05-18-2015 and he was scheduled to return to the office in 5-7 weeks. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Celecoxib 200mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Celebrex (celecoxib) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDS (non-steroidal anti-inflammatory drugs) are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short term treatment of back pain. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. Guidelines recommend NSAIDS for acute exacerbations of chronic back pain as a second-line treatment after acetaminophen. In this case, documentation submitted for review dated back to 05-18-2015 and shows continued use of Celecoxib. The choice of Celecoxib is appropriate given his clinical presentation has been complicated by DVT and he is on anticoagulant therapy. The continued use of Celecoxib appears appropriate and is medically necessary.

Warfarin 5mg #60 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic): Venous thrombosis (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg / warfarin.

Decision rationale: The MTUS/ ACOEM did not address the use of Warfarin therefore other guidelines were consulted. Per the ODG, Warfarin is "recommended as an anticoagulation treatment option for patients with venous thromboembolism (VTEs) of the leg." A review of the injured workers medical records reveal that he is being treated for DVT and has been on long-term anticoagulant therapy, the continued use of Warfarin is appropriate and medically necessary.

Warfarin 2mg #30 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic): Venous thrombosis (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg / Warfarin.

Decision rationale: The MTUS/ ACOEM did not address the use of Warfarin therefore other guidelines were consulted. Per the ODG, Warfarin is "recommended as an anticoagulation treatment option for patients with venous thromboembolism (VTEs) of the leg". A review of the injured workers medical records reveal that he is being treated for DVT and has been on long term anticoagulant therapy, the continued use of Warfarin is appropriate and medically necessary.

Eszopiclone 3mg #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress: Eszopiclone (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter-Insomnia Treatment.

Decision rationale: ODG (Official Disability Guidelines) recommends that treatment of insomnia be based on the etiology. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed and include sleep onset, sleep maintenance, sleep quality and next-day functioning. ODG recommend non- benzodiazepine sedative-hypnotics as first-line medications for treatment of insomnia. There was no discussion regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. There was no discussion of treatment efficacy. In addition, it is unclear why the requested treatment is for 4 refills since the injured worker received a prescription of Eszopiclone 3 mg #30 4 refills on 05-18-2015 and was scheduled to return in 5-7 weeks. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.