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| Case Number: | CM15-0181350 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 11/23/2012 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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:

This is a 60 year old female with a date of injury of November 23, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discogenic condition, discogenic lumbar condition, and right impingement syndrome, internal derangement of the bilateral knees, stress, depression, anxiety, and gastritis. Medical records dated August 5, 2015 indicate that the injured worker complains of neck pain and back pain. A progress note dated September 2, 2015 notes subjective complaints of stiffness and discomfort of the right shoulder, shooting pain from the neck down the arm, shooting pain down the legs, numbness of the left lower extremity, numbness of the left upper extremity, vertigo, and headaches. Per the treating physician (September 2, 2015), the employee has not returned to work. The physical exam dated August 5, 2015 reveals tenderness along both knees with more tenderness of the right medial joint line than the lateral joint line, full extension of the right knee, flexion of 120 degrees of the right knee and 125 degrees of the left knee, tenderness of the cervical paraspinal muscles bilaterally, pain along the cervical facets, and shoulder abduction of 160 degrees. The progress note dated September 2, 2015 documented a physical examination that showed some limited range of motion of the right shoulder (at 16 degrees) with discomfort, tenderness along the cervical and lumbar paraspinal muscles bilaterally, right knee extension of 165 degrees, right knee flexion of 110 degrees, tenderness of the medial and lateral joint lines of the right knee, positive McMurray's test medially, positive compression test, and 1+ laxity with anterior drawer test. Treatment has included right shoulder surgery, transcutaneous electrical nerve stimulator unit, back bracing, cortisone and Hyalgan injections, more than twelve sessions of physical therapy, knee bracing, psychiatric evaluation, and medications (Nalfon 400mg,

Protonix 20 mg, Naproxen 550mg, Tramadol 150mg since at least March of 2015; Celebrex, Aciphex, Norflex, Lunesta and Neurontin since at least July of 2015). The original utilization review (September 14, 2015) non-certified a request for Naproxen 550mg #60, Ultracet 37.5mg #60, Topamax 50mg #60, Trazodone 50mg #60, a psychiatric referral, and Defiance molded plastic knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg Qty: 60.00: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical records that are available to me reveal subjective and objective documentation of the injured workers moderate pain and the use of an NSAID would be appropriate in the injured worker, therefore the request for Naproxen 550mg Qty: 60.00 is medically necessary.

Ultracet 37.5mg Qty: 60.00: Overturned

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.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS,

Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal subjective and objective documentation of pain, there also seems to be some back and forth approvals and denials leading to some degree of confusion, it would appear that the use of Ultracet is appropriate in this injured worker therefore the request for Ultracet 37.5mg Qty: 60.00 is medically necessary.

Topamax 50mg Qty: 60.00: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, Antiepilepsy drugs are recommended in the treatment of neuropathic pain. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' origin. It is still considered for use for neuropathic pain when other anticonvulsants fail. A review of the injured workers medical records show that she is being prescribed Topamax for the treatment of neuropathic pain, however there is no documentation that other first line recommended antiepilepsy medications have failed, therefore the request for Topamax 50mg Qty: 60.00 is not medically necessary.

Trazadone 50mg Qty: 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and stress / trazodone.

Decision rationale: The MTUS /ACOEM did not specifically address the use of trazodone therefore other guidelines were consulted. Per the ODG, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. A review of the injured workers medical records show that she is taking trazodone for the treatment of sleeping difficulties, the continued use of trazodone in this injured worker with chronic pain induced insomnia is appropriate, therefore the request for Trazadone 50mg Qty: 60.00 is medically necessary.

Psychiatry referral Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment.

Decision rationale: Per the MTUS, psychological evaluation and treatment is recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychiatric referral is appropriate in this injured worker with chronic pain and delayed recovery, therefore the request for Psychiatry referral Qty: 1.00 is medically necessary.

Defiance brace molded plastic, lower knee addition and upper knee addition: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg / knee brace.

Decision rationale: The MTUS / ACOEM recommends optional knee bracing as part of a functional restoration program. The ODG recommends valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. There are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. A review of the injured workers medical records that are available to me do not reveal a clear purpose or rationale for the use of this brace, therefore the request for Defiance brace molded plastic, lower knee addition and upper knee addition is not medically necessary.