

<b>Case Number:</b>	CM15-0021729		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	12/27/2006
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Hawaii  
 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:

The injured worker (IW) is a 48 year old male who sustained an industrial injury on 12/27/2006. He has reported left knee and low back pain. Diagnoses include pain in joint and lumbar or lumbosacral intervertebral disc. Treatment to date includes two left ankle surgeries and two knee surgeries, physical therapy, cortisone, viscosupplementation injections and medications. A progress note from the treating provider dated 12/08/2014 indicates the IW has spasm and guarding in the lumbar spine and lumbar paraspinal triggering X4 with trigger points noted. There is tenderness in the left knee along the lateral joint line, crepitus, a positive patella grind test and a positive drop sign. Extension and flexion are decreased by approximately 30%. The IW takes the following medications: pantoprazole, gabapentin, mirtazapine, hydrocodone /APAP, Nabumetone, venlafaxine and Lidocaine 5% ointment. The treatment plan includes evaluation by an orthopedic surgeon for the left knee and prescriptions for gabapentin, mirtazapine, hydrocodone /APAP, and Venlafaxine. On 01/06/2015 Utilization Review non-certified a request for Gabapentin Tab 600 MG #60 (MS) 1 Tab At Night, noting the records indicate the IW is prescribed this medication for sleeplessness, although there are no functional benefits with ongoing use. The MTUS Guidelines were cited. On 01/06/2015 Utilization Review modified a request for Hydrocodone Bit/APAP 10-325 MG #30 (MS), to Hydrocodone Bit/APAP 10-325 MG #30 (MS) to one month to allow for documentation noting the IW had been on this long term and neither pain levels nor functional benefits are documented, and the IW had a urine drug screen that was inconsistent with prescribed medication. The modification was done to allow for submission of missing documentation including why the inconsistency

occurred, or for weaning to discontinuation. The MTUS Guidelines were cited On 01/06/2015 Utilization Review non-certified a request for Mirtazapine 15 MG #30 (MS) 1 Tab At Night, noting the records do not identify neurological dysfunction on examination, although the patient reports anxiety and depression. It is noted that the patient uses this medication for sleeplessness, however the benefit is not further described. The MTUS Guidelines were cited On 01/06/2015 Utilization Review modified Venlafaxine HCL ER 37.5 MG #60, 2 Every 8 Hour Qty 180 to Venlafaxine HCL ER 37.5 mg x one month to allow for documentation, noting the lack of documentation of current benefit. The MTUS Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin Tab 600 MG #60 (MS) 1 Tab At Night: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The patient presents with left knee pain and low back pain. The current request is for Gabapentin Tab 600 MG #60 (ms) 1 Tab At Night. The treating physician states, "He has had worsening of pain with weight bearing and flexion of the knee. Extension of the left knee also is very painful for him. He has some instability. He has a left knee brace with support and he is wearing this which is beneficial for him and reduces his pain." (C.36) The treating physician has requested the medication for Nerve Pain. The MTUS guidelines state with regards to Gabapentin, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient does not have any indications of being epileptic or having diabetic painful neuropathy. There is also no indication in the report that the patient suffers from neuropathic pain. The current request is not medically necessary and the recommendation is for denial.

#### **Mirtazapine 15 MG #30 (MS) 1 Tab At Night: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The patient presents with left knee pain and low back pain. The current request is for Mirtazapine 15 MG #30 (MS) 1 Tab At Night. The treating physician states, "He has had worsening of pain with weight bearing and flexion of the knee. Extension of the left knee also is very painful for him. He has some instability. He has a left knee brace with support and he

is wearing this which is beneficial for him and reduces his pain." (C.36) The treating physician states that the current request is for an antidepressant/sleep. The MTUS guidelines state when referring to antidepressants, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. (Perrot, 2006) In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. (Lin-JAMA, 2003)." In this case, there is no indication that the patient suffers from neuropathic pain. The current request is not medically necessary and the recommendation is for denial.

**Hydrocodone Bit/APAP 10-325 MG #30 (MS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with left knee pain and low back pain. The current request is for Hydrocodone Bit/APAP 10-325MG #30 (MS). The treating physician states, "He has had worsening of pain with weight bearing and flexion of the knee. Extension of the left knee also is very painful for him. He has some instability. He has a left knee brace with support and he is wearing this which is beneficial for him and reduces his pain." (C.36) For chronic opiate use, 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 aberrant 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. In this case, the treating physician does not document decreased pain on medications, any improvement of ADLs and adverse behaviors or effects. The MTUS guidelines require the documentation of the 4 A's for authorization of opioid usage. The current request is not medically necessary and the recommendation is for denial.

**Venlafaxine HCL ER 37.5 MG #60, 2 Every 8 Hour Qty 180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123.

**Decision rationale:** The patient presents with left knee pain and low back pain. The current request is for Venlafaxine HCL ER 37.5 MG #60, 2 Every 8 Hour Qty 180. The treating

physician states, "He has had worsening of pain with weight bearing and flexion of the knee. Extension of the left knee also is very painful for him. He has some instability. He has a left knee brace with support and he is wearing this which is beneficial for him and reduces his pain."

(C.36) MTUS guidelines state that Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressant and has FDA approval for treatment of depression and anxiety disorders. It goes on to state that withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. In this case, there is no indication that the patient suffers from depression and/or an anxiety disorder. In the Treatment Plan section of the physician report dated 12/08/14 (C.40). It is documented that the patient was not taking the medication due to pending authorization. The current request is not medically necessary and the recommendation is for denial.