

Case Number:	CM15-0026400		
Date Assigned:	02/18/2015	Date of Injury:	11/01/2007
Decision Date:	03/27/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 64 year old female sustained an industrial injury on 11/1/07. She subsequently reports ongoing right knee pain as well as anxiety and depression. The injured worker has undergone an MRI of the right knee. Treatments to date have included physical therapy, injections, chiropractic care and prescription pain medications. On 2/5/15, Utilization Review non-certified a requests for Vicodin 5/300mg Tablet QTY:30.00, Lexapro 10mg tablet QTY: 30.00 and Ibuprofen 600mg tablet QTY 60, 1 refill. The Vicodin 5/300mg Tablet QTY:30.00, Lexapro 10mg tablet QTY: 30.00 and Ibuprofen 600mg tablet QTY 60, 1 refill were denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg Tablet QTY:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: treatment of moderate or severe nociceptive pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids such as Vicodin chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality assuming no aberrant drug taking behavior. Formal functionality assessments should occur every 6 months. In this instance, the injured worker does report improved pain levels with the medication and per the treating physician, improved ADL's as well. However, no specific examples of improved functionality are given in the submitted record as a consequence of the opioids. No formal functional assessment scales appear in the medical record submitted. Additionally, urine drug screening from 6-16-2014 and 1/27/2015 fail to show hydrocodone metabolites. The urine drug screen from 1/27/2015 showed alcohol metabolites. Consequently, the criteria for ongoing opioid use has not been satisfied. Vicodin 5/300mg Tablet QTY:30.00 is not medically necessary.

Lexapro 10mg tablet QTY: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for neuropathic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Mental Illness and Stress-Anti-depressants.

Decision rationale: Anti-depressants are recommended, although not generally as a stand-alone treatment for depression. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients (Gill, 1999), as well as chronic headaches associated with depression, although one meta-analysis of trials that tested antidepressants versus placebos determined that the differences between antidepressants and placebos were small, especially when active placebos were used, thereby making the patient believe that a true antidepressant was administered through active side effects. In this instance, the injured worker states that the Lexapro helps her anxiety and depression. The treating physician has repeatedly attempted to make psychiatric/psychological referrals and has been unsuccessful in getting approval. As the treating physician is not trained in psychiatry/psychology, it would be an unreasonable standard to require detailed psychological assessments such as the Beck Depression and Anxiety Indices to be performed by the treating physician. Because the injured worker reports improvement, that alone will have to suffice until such time as referral to psychiatric services can be approved.

Ibuprofen 600mg tablet QTY 60, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain due to osteoarthritis.. 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 clinicaltrials 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.In this instance, the injured worker does describe pain relief with her medications that includes Iburprofen 600mg tablets. While the guidelines state that NSAIDS should be used in the smallest doses for shortest period of time, there is no requirement from the cited guidelines that functional improvement be demonstrated as is the case for opioids. Thus, the decision to continue NSAIDS essentially amounts to a judgement call by the treating provider. therefore, Iburprofen 600mg tablet QTY 60, 1 refill is medically necessary.