

Case Number:	CM15-0213722		
Date Assigned:	11/03/2015	Date of Injury:	08/21/2007
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/30/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 61-year-old male, with a reported date of injury of 08-21-2007. The diagnoses include internal derangement of the right knee, status post right meniscectomy medially with some laxity of the anterior cruciate ligament; internal derangement of the left knee, status post left knee arthroscopy followed by total joint replacement, GERD (gastroesophageal reflux disease), and sleep issues. The progress note dated 08-31-2015 indicates that the injured worker had difficulty getting up from the chair because of stiffness and discomfort. It was noted that the injured worker still had issues with sleep disorder, and had an element of depression. He avoided squatting, kneeling, climbing stairs, and lifting. The injured worker stated that he had so much pain in the right knee and wanted surgical intervention. The objective findings include tenderness along the joint line medially; knee extension at 180 degrees; knee flexion at 125 degrees; instability along the left knee; tenderness along the medial joint line with positive McMurray's test; and tenderness in the patella. It was noted that the injured worker could do sedentary type of work. The diagnostic studies to date have included a computed radiography of the bilateral knees on 03-06-2015 with unremarkable findings. Treatments and evaluation to date have included Flexeril, cortisone injection (failed), therapy, Hyalgan injection, meniscectomy, a knee brace, and a TENS unit. The treating physician requested Effexor ER 75mg #60, Naproxen 550mg #60, Lunesta 3mg #30, and Tramadol ER 150mg #30. On 10-12-2015, Utilization Review (UR) non-certified the request for Effexor ER 75mg #60 and modified the request for Naproxen 550mg #60 to Naproxen 550mg #30, Lunesta 3mg #30 to Lunesta 3mg #15, and Tramadol ER 150mg #30 and Tramadol ER 150mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor ER 75 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta), SNRIs (serotonin noradrenaline reuptake inhibitors), Venlafaxine (Effexor).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venlafaxine (Effexor).

Decision rationale: According to the ODG, Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for the treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, there is no documentation of objective functional benefit with prior medication use. Medical necessity for the requested medication has not been established. Of note, withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The requested medication is not medically necessary.

Naproxen 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

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

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There is no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Lunesta 3 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Eszopiclone (Lunesta).

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

Decision rationale: Eszopiclone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is recommended for short-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Lunesta is a hypnotic and should not be used on a daily basis. In this case, there is no documentation of sleep history or specific documentation of efficacy with prior use including, improved quality of sleep, longer sleep duration and objective functional benefit (Epworth Sleepiness Scale scores). Therefore, medical necessity for the requested medication has not been established. The requested Lunesta is not medically necessary.

Tramadol ER 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: According to the California MTUS, Tramadol ER (Ultram ER) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.