

Case Number:	CM15-0034874		
Date Assigned:	03/03/2015	Date of Injury:	12/30/2003
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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, California

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:

The injured worker is a 50 year old male, who sustained an industrial injury on December 30, 2003. He has reported falling onto his knees. His diagnoses include pain in joint - lower leg, bilateral anterior cruciate ligament reconstruction, bilateral knee osteoarthritis, psychogenic pain, and long term use of medications. He has been treated with medications including knee braces and pain, antidepressant, stool softener/laxative, and non-steroidal anti-inflammatory. On January 15, 2015, his treating physician reports that he complains of severe bilateral knee pain and is in an electric wheelchair, due to difficulty with standing and walking. The physical exam revealed significant guarding and tenderness of the bilateral knees without profound effusion. There was bilateral crepitus and joint line tenderness. The treatment plan includes prescriptions for his current pain, antidepressant, stool softener/laxative, and non-steroidal anti-inflammatory medications. On February 24, 2015, the injured worker submitted an application for IMR for review of prescriptions for Senokot-S 8.6-50mg #60, Tramadol Hcl 50mg #120, Venlafaxine ER 37.5mg #60, and Flector 1.3% patch #60. The Senokot-S was non-certified based on the lack of reasoning for the use of this medication, whether or not it is associated with the opioid medication use or another medical condition. In addition, the opioid medication was not approved, so this medication is not recommended. The Tramadol Hcl was non-certified based on the lack of documentation of specifics of objective measures in functional benefit to activities of daily living associated with this medication, and the lack of evidence of failure of prior attempted trials of non-controlled substances for pain control before the starting of this medication. The Venlafaxine ER was non-certified based on lack of evidence of neuropathic pain or depression in

the treatment notes. The Flector patch was non-certified based on lack of documentation of failure of oral non-steroidal anti-inflammatory drugs (NSAIDs). The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot-S 8.6-50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, the use of stool softener is recommended when initiating opioids. In this case, the claimant had been on Tramadol and Senokot for over a year. There was no indication of bowel issues or persistent constipation. Long-term use of stool softeners is not recommended. In addition, the Tramadol is not medically necessary as indicated below; therefore, continued use of Senokot is not medically necessary.

Tramadol HCl 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant had been on Tramadol for over a year. There was no indication of Tylenol failure. Long-term use of Tramadol is not indicated. Recent notes did not provide pain scores. The continued use of Tramadol is not medically necessary.

Venlafaxine ER 37.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and mental chapter- anti-depressant medications pg 17.

Decision rationale: According to the guidelines, anti-depressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In addition to the SSRIs, other anti-depressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine; In this case, the claimant had suicidal ideations as noted on 1/15/15. The use of anti-depressants such as Venlafaxine is appropriate and medically necessary.

Flector 1.3% patch #60: 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 (Chronic), Flector patch (Diclofenac Epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for several months. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.