

Case Number:	CM15-0052681		
Date Assigned:	03/26/2015	Date of Injury:	03/10/2008
Decision Date:	05/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male who reported injury on 03/10/2008. The mechanism of injury was not provided. There were multiple Requests for Authorization submitted for review dated 02/09/2015. The documentation of 02/05/2015 revealed the injured worker had chronic knee pain. The pain was an aching burning deep disabling intermittent, radiating, and sharp pain. The documentation indicated that the injured worker had substantial benefit with medication and had nociceptive neuropathic and inflammation pain. There was no evidence of abuse or diversion, or aberrant behavior. There were no adverse drug reactions noted. The injured worker had urine drug screens that were appropriate. The injured worker indicated that he had approximately 90% improvement in pain. The injured worker was noted to be status post chondroplasty, left knee arthroscopic debridement on 12/23/2012. The injured worker was utilizing a knee brace. The medications included Cymbalta 60 mg, Flexeril 10 mg, Norco 10/325 mg, nortriptyline 25 mg, and Opana ER 10 mg. The physical examination revealed the injured worker had difficulty getting on and off the examination table and in and out of the chair. The injured worker had tenderness along the medial and lateral joint lines of the left knee. The injured worker had difficulty with weight bearing on the left side. The physician opined the injured worker had findings of subtalar chondromalacia patella and meniscal tear. The diagnoses included status post chondroplasty left knee and arthroscopic debridement. The treatment plan included continuation of medications. The documentation indicated the injured worker had a decrease in pain and suffering of about 80% to 90% which allowed him to increase his functional capacity and decrease his pain and suffering without side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25 MG #90 with 4 Refills: 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 California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of objective functional improvement to include an assessment in the changes of the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 antidepressants. Given the above, the request for nortriptyline 25 mg #90 with 4 refills is not medically necessary.

Cymbalta 60 MG #30 with 3 Refills: 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 California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of objective functional improvement to include an assessment in the changes of the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 antidepressants. Given the above, the request for Cymbalta 60 mg #30 with 3 refills is not medically necessary.

Flexeril 10 MG #90 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above and the lack of documentation, the request for Flexeril 10 mg #90 with 1 refill is not medically necessary.

Opana ER 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement. There was documentation of an objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 10 mg #60 is not medically necessary.

Norco 10/325 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for

aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement. There was documentation of an objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 #240 is not medically necessary.

