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| Case Number: | CM15-0078053 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 08/19/2003 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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
 Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on August 19, 2003. The injured worker was diagnosed as having bilateral internal derangement of knees. Treatment and diagnostic studies to date have included x-rays, injections, knee brace, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A progress note dated March 3, 2015 provides the injured worker complains of back and bilateral knee pain. Physical exam notes bilateral knee tenderness and positive McMurray of the left knee. Magnetic resonance imaging (MRI) was reviewed. The plan includes medication, lab work, hot/cold wrap and back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-10 Panel Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 78 of 127.

Decision rationale: The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high risk. In this case, the patient does not meet the qualifying factors necessary. As such, the request is not medically necessary.

1 Lumbar back support and back support insert: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: The request is for the use of a lumbar back support to aid in pain relief and injury prevention. The ACOEM guidelines makes the following statement: "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security". As an alternative it is advised that prolonged sitting and standing should be reduced by providing rest and exercise breaks and task rotation and variation should be employed. Heavy loads need to be divided and mechanical support devices used. Also, the workstation can be set up to optimize reduction in back strain. As such, due to poor evidence of its utility and effectiveness, the request is not medically necessary.

Vicodin 5mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of functional improvement and screening measures for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. This is usually given as an acid reducing medication for patients with esophageal reflux, gastritis, or peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Trazodone 50mg #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 (ODG), Mental Illness & Stress, Trazodone (Desyrel).

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

Decision rationale: The request is for the use of the medication trazodone. This is a medication in the category of a serotonin agonist and reuptake inhibitor and is used for depression. It also has anxiolytic and sedative hypnotic effects. The MTUS guidelines are silent regarding its use. The ODG guidelines state that this medication is indicated as an option for insomnia for patients with coexisting depression or anxiety. Its use as a first-line treatment for primary insomnia is not advised. Evidence for the off-label use of trazodone for treatment of insomnia is poor. The current recommendation is to use a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. In this case, there is inadequate documentation of a psychiatric evaluation revealing comorbid factors which would qualify the patient for use of trazodone as a first-line agent. As such, the request is not medically necessary.

Norflex ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 of 127.

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most

LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate qualifying evidence for use of a muscle relaxant, the request is not medically necessary.