

Case Number:	CM15-0084701		
Date Assigned:	05/07/2015	Date of Injury:	01/30/2006
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Physical Medicine & Rehabilitation

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 67 year old female who sustained an industrial injury on January 30, 2006. She has reported injury to the left knee and has been diagnosed with pain in joint lower leg status post left knee surgery and mononeuritis lower limb not otherwise specified. Treatment has included medical imaging, surgery, and medications. Currently the most painful area is her right knee especially in the medial aspect of the knee. She reported feeling instability with walking and significant pain or climbing stairs. The right knee showed a mild effusion. No redness or warmth. There was crepitus with active range motion. There was tenderness to palpation at the medial joint line. There was a positive McMurray's, medial greater than lateral. MRI of the right knee showed maceration and extrusion of the body of the medial meniscus. Complex tears of the posterior horn of the medial meniscus are also noted. Foci of full thickness loss of articular cartilage are noted in the medial compartment, Mild sprain of the deep fibers of the medial collateral ligament. Small loose body measuring roughly 5 mm posterior to the intercondylar notch, and mild heterogenous signal of the gracilis and Sartorius tendons could indicate tendinopathy. The treatment request included trazadone, ketamine, venlafaxine, and protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The most recent report provided is dated 04/17/15. The requesting physician states that the patient presents with bilateral knee pain with instability in walking s/p left knee TKA in May 2013. The current request is for Trazodone 50 mg QTY 90. The RFA is not included. She is not working. Regarding anti-depressants, MTUS Guidelines, page 13-15, chronic pain medical treatment guidelines: antidepressants for chronic pain states: "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: "sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." The reports provided for review state this medication is prescribed for insomnia and treatment notes state the patient has depression secondary to chronic pain. The reports show she has been prescribed Trazodone since at least 01/28/14. The ODG guidelines state this medication may be an option for insomnia in patients with coexisting depression. However, the treating physician does not state whether or not Trazodone helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.

Ketamine HCL (hydrochloride) ER (extended release) 37.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine page(s): 56.

Decision rationale: The most recent report provided is dated 04/17/15. The requesting physician states that the patient presents with bilateral knee pain with instability in walking s/p left knee TKA in May 2013. The current request is for Ketamine HCL (Hydrochloride) ER (extended release) 37.5 mg QTY 60. The RFA is not included. She is not working. The MTUS, Ketamine, page 56, states, "not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain." "Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic

option in the treatment of appropriately selected patients with intractable CRPS." While the reports provided for review discuss the patient's use of topical Ketamine cream, there is no discussion of this request. The MTUS states that Ketamine may offer a therapeutic option for patients with intractable CRPS. No diagnoses of CRPS is provided; however, the 02/09/15 report does state that the 03/18/14 QME wanted the patient to be treated for CRPS. In this case, the MTUS does not recommend this medication for chronic pain, and there is no clear statement of the medical necessity for this request. The request is not medically necessary.

Venlafaxine HCL (hydrochloride) ER (extended release) 37.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Venlafaxine.

Decision rationale: The most recent report provided is dated 04/17/15. The requesting physician states that the patient presents with bilateral knee pain with instability in walking s/p left knee TKA in May 2013. The current request is for Venlafaxine HCL (Hydrochloride) ER (extended release) 37.5 mg QTY 60. The RFA is not included. She is not working. "ODG guidelines Pain Chapter state that Venlafaxine is recommended as an option as a first line treatment for neuropathic pain and has FDA approval for treatment of depression and anxiety disorders." The reports provide for review state this medication is prescribed for nerve pain and that the patient has developed neuropathic pain in the left knee. The 01/23/15 report states that the patient is to increase Venlafaxine from 1 tablet to 2 at bedtime to determine if it helps the patient's neuropathic pain and depression. However, subsequent reports from 02/09/15 to 04/17/15 do not state whether or not pain and depression is reduced through use of Venlafaxine. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Pantoprazola-Protonix 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk page(s): 69.

Decision rationale: The most recent report provided is dated 04/17/15. The requesting physician states that the patient presents with bilateral knee pain with instability in walking s/p left knee TKA in May 2013. The current request is for Pantoprazole-protonix 20 mg QTY 60. The RFA is not included. She is not working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA,

corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided for review state this medication is prescribed for GI upset secondary to medication use. There is no evidence that the patient is prescribed an NSAID or that there is dyspepsia secondary to NSAID therapy. Furthermore, no GI assessment is provided as required by the MTUS guidelines. The request is not medically necessary.