

Case Number:	CM14-0105964		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2002
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided documents, this is a 65-year-old woman with an injury date of 8/27/2002. She has had a right knee arthroscopic meniscectomy chondroplasty in 2005, right knee arthroscopic medial meniscectomy and chondroplasty 2007 and left knee arthroscopic meniscectomy and chondroplasty 2009. Orthopedic surgery narrative report dated 7/10/14 was submitted with the IMR request and utilization review determination of 6/12/14. This gives a history that the patient fell because of her right knee in June. Patient has not worked since August 2002. There is mention of multilevel disc disease in the neck, shoulders and lower back. Patient does light work around the house and does not lift more than 15 pounds. There is no actual mention of the current subjective complaints, no estimates of patient's pain levels with or without the opiate. There is no evaluation for all of the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors) and no mention of an opiate pain treatment agreement. Diagnoses are discogenic cervical condition with facet inflammation, discogenic lumbar condition, rotator cuff tear on the left, resolution along(sic) the left hip, left ankle and left wrist, internal derangement of the knee on the right, internal derangement of knee on the left. In the diagnosis it states "the patient has issues with depression, diabetes, worsening with the condition of headaches and GERD addressed by the other specialist." In the review of systems it says the patient has issues with sleep, stress and depression. Other than that there are no subjective complaints of chronic depression symptoms, difficulty sleeping, no quantification of degree of depression or sleep problems and no objective findings relating to that. In the treatment plan it appears that the physician is either commenting on or appealing the utilization review determination regarding patient's medications for Norco, Paxil and Trazodone. Report states that the physician is "shocked" that all medications including Norco were being denied. The requests under review are 2 prescriptions for Norco #60, 1 prescription for Paxil #120, 1

prescription for Trazodone #60 and a prescription for Norflex 20 mg #60 noncertified in a review of 6/12/14, and apparently requested in a progress report from the orthopedist of 5/30/14.(Not provided for this review). That determination also however certified a prospective request for Paxil #120 as of 5/30/14 and Trazodone #60 as of 5/30/14 and did not approve 2nd prescriptions for each in the same quantities requested currently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norflex 20mg, Quantity 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, 65.

Decision rationale: There is no documentation that this patient had or was having any acute exacerbation/flare-up of low back pain and spasm. There are no subjective complaints of spasm and no objective findings of spasm documented. MTUS guidelines state that muscle relaxants should be used with caution as a 2nd line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Chronic use is not supported. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Prospective request for 1 prescription of Norco, Quantity 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75,78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting opioid analgesic. Use of this medication has evidently been ongoing and chronic. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. The reports do not mention what dose the patient is taking nor is there any mention of the actual daily frequency of use of the medication. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Other than mention of some of the patient's daily activities, the documentation of the remainder of these factors is lacking to support the medical necessity for ongoing use of the opiate. MTUS guidelines also state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

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Prospective request for 1 prescription of Trazodone, Quantity 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Return to Work Guidelines (2010 Official Disability Guidelines, 15th edition), Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 8th edition), Mental Illness & Stress; Antidepressants-SSRI's versus tricyclics (class); Pain (Chronic), Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: This medication is in a class of drugs known as tricyclic antidepressants. MTUS chronic pain guidelines do not address this specific antidepressant, but regarding this class of antidepressants, guidelines state that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Again, since the report indicates that another provider is treating this patient's depression most likely this is being prescribed for chronic pain although that is not entirely clear. If it is being prescribed for depression, there is no documentation of any current clinical information regarding the patient's depression subjectively, objectively or by specific diagnosis and no mention as to whether or not this is helping the depression. In terms of treatment for chronic pain, there is no documentation that this medication has been effective in improving patient's functional status and decreasing use of narcotics.

Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Prospective request for 1 prescription of Paxil, Quantity 120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Return to Work Guidelines (2010 Official Disability Guidelines, 15th edition), Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 8th edition), Mental Illness & Stress; Antidepressants-SSRI's versus tricyclics (class); Pain (Chronic), Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/drugs/2/drug-32900/paxil-cr-oral/details>.

Decision rationale: This is also known as paroxetine. It is a type of antidepressants known as a serotonin selective reuptake inhibitor (SSRI). MTUS chronic pain guidelines do not address this specific individual drug, but in general state that in the treatment of chronic pain, this class is not recommended but may have a role in treating secondary depression. Since this is being prescribed by an orthopedist and since the report states the patient's problems of depression are being treated by another provider, it is not clear whether or not this is being prescribed to treat the patient's depression or to treat the patient's chronic pain or depression. If it is for the chronic pain, there is no documentation that it has been beneficial. This is also not the first-line psychotropic class of antidepressants supported by MTUS guidelines. There is no mention of use of a Serotonin Norepinephrine Reuptake Inhibitor (SNRI) which is the 1st line class. Thus on that basis it is not considered to be medically necessary. If this is being prescribed to treat the patient's depression, there is lack of any clinical subjective complaints, objective findings or specific diagnosis to support the medical necessity for that condition and there is no documentation of the efficacy. Therefore, based upon the evidence provided and the guidelines, this request is not considered to be medically necessary.