

<b>Case Number:</b>	CM14-0110405		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 50 year old male injured on 12/30/03 when standing inside a truck trailer, the truck trailer began to move and the injured worker fell onto his bilateral knees resulting in bilateral knee pain. The injured worker previously had a left knee anterior cruciate ligament (ACL) reconstruction utilizing allograft as a result of a prior left knee injury in 2001. Diagnoses following the fall included torn ACL of the right knee requiring right knee chondroplasty, partial medial meniscectomy, partial lateral meniscectomy and ACL reconstruction. Left knee magnetic resonance image in 2006 revealed a tear of the posterior horn of the medial meniscus as well as a probable tear of the posterior horn of the lateral meniscus. The clinical note dated 06/05/14 indicated the injured worker presented complaining of bilateral knee pain and difficulty getting in and out of a vehicle. The injured worker reported worsening with prolonged standing and walking due to knee pain. Physical examination revealed bilateral joint line tenderness, pain with range of motion, poor effort with standing, pain with standing. The treatment plan included continued follow up with psychologist due to psychological overlay. Also noted request for assistance with transportation and continuance of medication regimen. Medications included Naproxen 500mg twice a day, Senokot-S 2 tablets daily, Ultram ER 200mg twice a day, Pristiq ER 50mg every day, and Flector 1.3% patch every 12 hours. The initial request was non-certified on 06/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #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 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot benefit from over-the-counter NSAIDs on an as needed basis. As such, the request for naproxen 550mg #30 with 3 refills cannot be established as medically necessary.

**Pristiq Er 50mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). Given the documentation of request for psychological evaluation and ongoing monitoring by psychiatrist, continued use of Pristiq is recommended as medically necessary. As such, the request for Pristiq Er 50mg #30 with 3 refills is recommended as medically necessary.