

Case Number:	CM14-0134904		
Date Assigned:	09/03/2014	Date of Injury:	05/14/2007
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal 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:

The injured worker is a male, (birth date is not specified), injured on 05/14/07 sustaining knee injury. Current diagnoses include internal derangement of the left knee, status post two surgical intervention including microfracture technique, following which the injured worker had total knee replacement on the left; knee sprain on the right; and chronic pain related to depression. Clinical documentation indicated the injured worker had MRI in 2009 which revealed arthritis. Clinical note dated 08/27/14 indicated the injured worker had total knee replacement on 05/14/14. The injured worker has also finished 12 sessions of physical therapy; however, he still needs more for mobilization. The injured worker also has TENS unit and does not use brace. Clinical documentation indicated the injured worker does some cooking at home, with sitting tolerance for half an hour, standing and walking for half an hour, and lifting tolerance no more than 15 pounds. The injured worker complains of pain and states that without Norco he would have quite a bit of difficulty. The injured worker indicated his main pain is in the inner joint line, and points to an area where the tendon is tight along the hamstring. Review of systems indicated the injured worker has issue with sleep, stress and depression. Physical examination revealed extension is 180 degrees and flexion is 100 degrees; 1-2+ laxity on anterior to posterior drawer testing and 1-2+ laxity to varus testing. There was tenderness along the medial joint line, and weakness to quadriceps function. Plan of management include recommendation for 12 visits of therapy for his mobilization, hot and cold wrap, TENS pad, Norco, Nalfon 400mg, Protonix 20mg, Ultracet 37.5mg, Flexeril 7.5 mg, LidoPro cream and Terocin patches. The previous UR denial date was not provided in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #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- Generalized Anxiety Disorder (GAD)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version: Anti-depressants for chronic pain: SSRIs (selective serotonin reuptake inhibitors);Paroxetine

Decision rationale: As per Official Disability Guidelines, SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It is not clear in the clinical documentation what the injured worker's current psychological status is. There was also no mention of the projected treatment plan to substantiate the medical necessity of the requested medication. As such, the request for the medication Paxil 20mg #60, cannot be recommended as medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse side effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute pain. 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 utilize the readily available formulation and similar dosage of this medication when required on prn basis. As such, the request for this medication, Naproxen 550mg, #60, cannot be established as medically necessary.