

Case Number:	CM14-0138200		
Date Assigned:	09/05/2014	Date of Injury:	09/06/2012
Decision Date:	10/08/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for venlafaxine and Menthoderm gel, reportedly on the grounds that the applicant had not improved with Menthoderm and also on the grounds that the applicant did not have any depressive symptoms for which Effexor would be indicated. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant reported 7/10 knee pain with associated decreased range of motion, crepitation, and positive signs of internal impingement. The applicant was given refills of ketoprofen, Menthoderm, tramadol, Effexor, TENS patches, and omeprazole. Work restrictions were endorsed. A knee arthroscopy was endorsed. The applicant was given work restrictions. It did not appear that the applicant was working with said limitations in place, however. In a July 3, 2014 Medical-Legal Evaluation, it was suggested that the applicant had been off of work. The applicant reported 7-8/10 knee pain, it was stated. An antalgic gait requiring usage of a cane was appreciated. In a July 9, 2014 progress note, the applicant again presented reporting 8/10 knee pain. Ketoprofen, Menthoderm, tramadol, venlafaxine, TENS patches, and omeprazole were renewed, again with no explicit discussion of medication efficacy. On June 11, 2014, the applicant was again refills of ketoprofen, LidoPro, tramadol, venlafaxine, TENS patches, omeprazole, glucosamine. 7/10 knee pain was noted. Contusion of knee was the stated operating diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Venlafexine 75mg #30 (DOS:08/07/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine section. Page(s): 16, 7.

Decision rationale: While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that venlafaxine is FDA approved in the management of anxiety, depression, panic disorder, and/or social phobias and can, moreover, be employed off labeled for fibromyalgia, neuropathic pain, or diabetic neuropathy, in this case, however, it was not stated for what purpose venlafaxine was prescribed. There was no mention of any issues with depression, anxiety, or panic disorder present here. The applicant's pain appeared to be focal, mechanical knee pain of orthopedic etiology. There was no mention of any neuropathic pain or fibromyalgia type syndrome being present here. Moreover, as noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy must be based on the type of pain to be treated. In this case, the attending provider did not state for what purpose venlafaxine was being employed, nor did the attending provider incorporate any discussion of medication efficacy into his decision to renew the same. Therefore, the request was not medically necessary.

Retrospective request for prescription of Menthoderm gel #120gm (DOS: 08/07/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals topic. Page(s): 105, 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topical such as Menthoderm in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear demonstration of medication efficacy or functional improvement with ongoing Menthoderm usage. The applicant remains off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid agents such as tramadol. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

