

Case Number:	CM14-0145191		
Date Assigned:	09/12/2014	Date of Injury:	06/12/2008
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine & Rehabilitation, 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 patient is a 42 year old male who was injured on 06/12/2008. The mechanism of injury is unknown. Prior treatment history has included TENS, muscle relaxant, and NSAIDs. A UDS was done on 02/17/2014 and the results were consistent with prescribed medications. Progress report dated 06/09/2014 indicates the patient presented with complaints of low back pain, neck pain and severe muscle spasm in the low back; and lower extremity pain in the left knee. The pain is rated as 3/10 with medications and 9/10 without medications. The pain limits his activities of daily living. Objective findings on exam revealed spasms in the paraspinal muscles. There was tenderness to palpation in the spinal vertebral L4-S1 levels. The cervical spine revealed tenderness at the C4-7 levels with limited range of motion. The left knee revealed tenderness and decreased range of motion due to pain. The patient is diagnosed with cervical radiculitis, lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral elbow pain, left knee pain and bilateral shoulder pain. Prior utilization review dated 08/19/2014 states the requests for Ketoprofen 50mg #120; Senokot 50/8.6mg #120; Mirtazapine 15mg #30; Tramadol 50mg #180; Hydrocodone 10/325mg #180; and Left knee joint injection are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: According to the guidelines, NSAIDs may be recommended for acute exacerbations of chronic pain, as a second-line treatment after acetaminophen. For chronic back pain NSAID is as an option for short-term symptomatic relief. NSAIDs are recommended as an option for short-term symptomatic relief. Ketoprofen is appropriate for management of osteoarthritis pain. The medical records do not reveal that the patient has symptomatic osteoarthritis. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. Furthermore, chronic use of NSAIDs is not recommended. The medical records do not establish the patient had presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. The medical records do not establish the request is appropriate and medically necessary. Therefore, this request is not medically necessary.

Senokot 50/8.6mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid, prophylactic treatment of constipation Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.senokot.com/constipation/>

Decision rationale: The guidelines suggest that when initiating opioids, prophylactic treatment of constipation should be initiated. The patient reports medication is associated with GI upset and also reports constipation as moderate with current stool softener controls symptoms. However, the medical necessity for continued use of medications including Hydrocodone and Tramadol has not been established, and these medications are not recommended. Consequently, there is no clinical indication for continued use of a stool softener. The request for Senekot is not medically necessary.

Mirtazapine 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant, Page(s): 13-16.

Decision rationale: The CA MTUS guidelines state antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. According to the Official Disability Guidelines, sedating antidepressants (e.g., Amitriptyline, Trazodone, and Mirtazapine) have been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The medical records do not include any corroborative description of subjective symptoms nor objective findings/observations to support insomnia with co-existing depression. In fact, according to the report, the ISI administered 2/17/2014 determined that the patient had no clinically significant insomnia. The patient does not report having any psychological issues, such as depression, stress, anxiety, mood swings or difficulty sleeping. It does not appear Mirtazapine is medically necessary.

Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 75-94.

Decision rationale: According to the CA MTUS Guidelines, Ultram is recommended as a second-line treatment (alone or in combination with first-line drugs). Tramadol is indicated for moderate to severe pain. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Although it is noted that the patient reports reduction in pain with medication use, he has not returned to work and the minimal objective findings are consistent with very minimal functional deficits, and remain unchanged. Chronic use of opioids is not recommended. It is reasonable that non-opioid analgesics and non-pharmacologic pain management options be utilized. The medical necessity of continued use of Tramadol has not been established.

Hydrocodone 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-94.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the

requirements for continued opioid therapy have been met. Although it is noted that the patient reports reduction in pain with medication use, he has not returned to work and the minimal objective findings are consistent with very minimal functional deficits, and remain unchanged. Chronic use of opioids is not recommended. It is reasonable that non-opioid analgesics and non-pharmacologic pain management options be utilized. The medical necessity of continued use of Hydrocodone has not been established.

Left knee joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC) Knee and Leg Procedure Summary last updated 06/05/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines Knee joint injection, Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Injections

Decision rationale: The CA MTUS ACOEM states Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. According to the Official Disability Guidelines, Corticosteroid injections are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. In the case of this patient, the medical records do not provide radiographic findings of osteoarthritis, and do not document subjective complaints and corroborative clinical exam findings consistent with symptomatic OA of the left knee. The requested injection is not medically necessary.