

Case Number:	CM14-0146412		
Date Assigned:	09/12/2014	Date of Injury:	01/27/2014
Decision Date:	11/28/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 46 year old male who had a work related injury on January 27, 2014. His injury occurred while he was using a long steel rod to dismantle a wooden form that formed a large square street drain. He was in a bent position and attempted to dislodge the wood, afterwards he had low back pain radiating into both legs to the level of his knees. Most recent clinical documentation submitted for review was dated August 14, 2014. The injured worker complained of bilateral knee injuries and contusions of right knee. He had swelling in the right knee but not in the left. He denied any giving way. He had not had any recent injections or any therapy treatments on his knees. Examination of bilateral knees, he had burn marks on both knees, more in the proximal medial tibia. He had trace effusion. Range of motion was 0-130 degrees. He had tenderness on the medial joint line. No tenderness laterally. The knee was stable to varus and valgus tests from 0-130 degrees. Negative Lachman and posterior drawer tests. Neurovascularly intact. The patient had EMG bilateral lower extremities which were read as normal. MRI of lumbar spine on April 23, 2014 revealed L3-4 short pedicles per mild desiccation. 3-4mm disc bulge with moderate neural foraminal stenosis and moderately severe central stenosis. L4-5 there was a 2mm disc bulge with moderate central and mild neural foraminal stenosis. L5-S1 there was mild disc desiccation. There was a 2-3mm posterior disc bulge or disc protrusion with annular tear. There was moderate central canal stenosis. The diagnoses are continuous trauma bilateral knees; right knee contusion; and bilateral knee pain. Prior utilization review on 08/25/14 denied orthopedic consult, TENS unit for home use, Lexapro, Xanax, Omeprazole, Voltaren gel, Zanaflex, but modified the Gabapentin from #60 to #15. There was no clinical documentation of improvement with medication or that the patient had or was at risk of developing GI problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 288, 305-306, 343-344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: The request for orthopedic consult is not medically necessary. The clinical documentation submitted for review does not support the request. The request does not mention what the consult is for, low back or knees as required by Official Disability Guidelines; the determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. As such, medical necessity has not been established.

TENS Unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-116.

Decision rationale: The request for TENS Unit for home use is not medically necessary based on the MTUS Chronic Pain Medical Treatment Guidelines. There is no documentation submitted indicating which body part the TENS unit would be used for. There is no clinical documentation submitted for review that indicates that the injured worker has failed conservative treatment. Therefore, this request is not medically necessary.

Lexapro 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs; Anti-depressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Lexapro 10mg #30 is not medically necessary. There has been no documentation that has been submitted that the injured worker has benefited from the use of this medication. In addition, Lexapro may have a role in treating secondary depression. It

is not documented that the use of Lexapro is for chronic depression or depression secondary to pain. Therefore, this request is not medically necessary.

Xanax 0.5mg #15: 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 Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for this medication cannot be recommended as medically necessary at this time.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is an option for neuropathic pain. Objective findings fail to establish the presence of neuropathy. Moreover, there is no evidence in the documentation the patient is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for this medication cannot be recommended as medically necessary.

Omeprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Medscape at <http://references.medscape.com/drug/prilosec-omeprazole-341997>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for

gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Voltaren gel 1% 40g QTY: 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac) Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel (Diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for this medication cannot be recommended as medically necessary at this time.

Zanaflex 2mg #30: 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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the medical records reviewed, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.