

Case Number:	CM14-0150389		
Date Assigned:	09/18/2014	Date of Injury:	10/04/2012
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 Emergency Medicine Emergency 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 45-year-old male who reported an injury on 10/04/2012. The mechanism of injury occurred due to a twisting fall. His diagnoses included unspecified internal derangement of the knee, enthesopathy of the knee, synovial cyst of the popliteal space, and depressive disorder. The injured worker's past treatments included post-op physical therapy, home exercise programs, medications, urine drug screens, and an intraocular cortisone injection. His diagnostic exams included an MRI of the left and right knee. The injured worker's surgical history included a left knee arthroscopy with extensive debridement on 07/03/2014 and a right knee partial meniscectomy on an unspecified date. On 07/18/2014, the injured worker complained of left knee pain that was 6/7-10 with medications and 8/9-10 without medications. The injured worker stated that his medications provided functional improvement by allowing him to walk for greater distances without severe pain. He was also able to sit for extended periods of time without excessive pain. The physical examination revealed mobility with knee guarded, decreased range of motion, and tenderness to palpation at the medial joint line over the semimembranosus tendon insertion. There was also distal vastus lateralis atrophy. The injured worker's medications include Percocet 5/325, Valium 10 mg, and Norco 10/325. The treatment included the use of current medications, which included oxycodone/APAP, diazepam, and Bupropion. A request was received for Oxycodone/APAP, Diazepam, and Bupropion 100 mg. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Apap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for Oxycodone/APAP is not medically necessary. The guidelines recommend the use of opioids for the treatment of chronic pain. The ongoing use of opioids requires documentation of the four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug behaviors. For the indication of mechanical etiologies, effects are rarely beneficial. Based on the clinical notes, the injured worker complained of pain to his left knee, which he rated 6/7-10 with medications and 8/9-10 without. The clinical notes also identify the left knee as the origin of his pain. However, the guidelines state that opioid treatment is rarely beneficial for mechanical etiologies such as knee pain. The clinical notes documented quantitative measurements across the span of use. Objective numerical data is needed to corroborate the efficacy of the medication to warrant continued use. However, long term use is associated with increased risk for dependency. The clinical notes indicated that injured worker has been prescribed an opioid since 01/2014. Which, would not be supported by the guidelines for long term use. Additionally, the injured worker is on Valium, Ibuprofen, Bupropion, and Norco 10/325 which would provide significant discomfort relief when used as directed. Therefore, due to long term use with no indication of significant pain relief during the course of treatment, absence of a frequency of dose, and the use of other opioid analgesics in conjunction with Percocet the request is not supported. Thus, the request for Oxycodone/APAP is not medically necessary.

Diazepam Tab 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Diazepam Tab 10mg is not medically necessary. The California/MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Based on the clinical notes, the injured worker was diagnosed with depressive disorder. The guidelines recommend Diazepam for the indication of anxiety and do not recommend it for long term use.

The clinical notes indicated that the injured worker had been taking diazepam/valium since 01/2014. This long term continued use would not be supported by the guidelines as most guidelines limit use to 4 weeks. Additionally, the request failed to specify a frequency of dose. Therefore, due to lack of documentation indicating anxiety disorder, absence of a frequency of dose, and the use of the medication for approximately 9 months, the request is not supported. Thus, the request for Diazepam Tab 10mg is not medically necessary.

Bupropion 150 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-400.

Decision rationale: The request for Bupropion 150 Mg is not medically necessary. The ACOEM guidelines state that for the treatment of stress related conditions there is no concrete way to determine how treatment is progressing, it is suggested that patients keep a written journal of their progress, including details on sleeping and eating habits, exercise schedule, and handling of workload. In regards to antidepressants, a brief courses of treatment may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile. Based on the clinical notes, the injured worker had a diagnosis of depressive disorder. However, there was an absence of signs and symptoms associated with this indication. The physical exam revealed a positive mood and an absence of suicidal ideations. The use of antidepressants should be based on red-flag indicators include impairment of mental functions, overwhelming symptoms, or signs of substance abuse. The clinical notes did identify that urine drug screens were utilized and were normal. Also, the clinical notes acknowledged that the injured worker was prescribed Bupropion since approximately 01/2014. This long term use is not recommend by the guidelines. Short term treatment is recommend and the use of a written journal recalling their progress, details on sleeping and eating habits, exercise schedule, and handling of workload should be utilized to monitor progress. In the absence of documentation indicating that red-flag indicators were present and lack of utilization of a written journal to monitor progress, the request is not supported. Additionally, the request failed to specify a frequency of dose. Thus, the request for Bupropion 150 Mg is not medically necessary.