

Case Number:	CM14-0027113		
Date Assigned:	07/18/2014	Date of Injury:	09/24/1999
Decision Date:	08/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old with an injury date on 9/24/99. The patient complains of chronic bilateral knee pain, neck pain, and headaches per 1/15/14 report. The patient states that her chronic pain is stable, and medications are helping, but the neck pain triggers her migraines per 1/15/14. Based on the 1/15/14 progress report provided by [REDACTED] the diagnoses are chronic bilateral knee pain requiring pain management, chronic right knee pain status post right total knee replacement by [REDACTED], left knee pain from DJD posttraumatic status post arthroscopy and history of chronic neck pain and migraine headaches. Exam on 1/15/14 showed a stable gait, no gross atrophy/swelling noted in lower extremities. Sensory intact to light touch in both legs except right knee scar which is numb. Right knee range of motion is 0-100 degrees, no crepitus, diffuse tenderness to palpation over medial/lateral aspect of joint line. Tactile temperature over right knee is slightly warm. Left knee range of motion is 0-95 degrees with crepitus and painful range of motion more on extension than flexion. Tenderness to palpation over medial/lateral joint line and also the medial tibialis plateau. C-spine shows no erythema or swelling, no tenderness to palpation, and mild diffuse tenderness over cervical paraspinals, left greater than right. Also tenderness to palpation over trapezius and levator scapular region, left greater than right. [REDACTED] is requesting Butrans 15mcg/HR #4, Ultram 50mg #60, Zanaflex 6mg #60, Topamax 50gm #90, Pameloc 75mg #30, Voltaren Gel, Prilosec 20mg #60, Lunesta 2mg #30, and basic metabolic panel and liver function text 1x. The utilization review determination being challenged is dated 2/18/14 and authorizes Ultram, rejects Pamelor as patient should be weaned off, rejects Voltaren due to lack of documentation of patient being indicated for NSAID, rejects Lunesta as patient should be weaned off. [REDACTED] is the requesting provider, and he provided treatment reports from 1/15/14 to 7/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 15MCG/HR #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X CRITERIA FOR USE OF OPIOIDS (MTUS 76-78) Page(s): 76-78.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee replacement from 2005. The provider has asked for Butrans 15mcg/HR #4 on 1/15/14. Review of the 1/15/14 report shows patient is currently taking Butrans patches. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of the opiate in discussion. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

ZANAFLEX 6MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for Muscle Relaxants for pain, pg 66: Page(s): 66.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Zanaflex 6mg #60 on 1/15/14. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the patient does not present with myofascial pain and physical exam showed no evidence of muscle spasms. Requested Zanaflex 6mg #60 is indicated for spasticity which this patient does not present with. Therefore this request is not medically necessary.

TOPAMAX 50GM #90: 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 Anti-epilepsy Drugs Page(s): 16-22, 21.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Topamax 50gm #90 on 1/15/14. Regarding Topiramate (Topamax, no generic available) MTUS recommends for neuropathic pain when other anticonvulsants fail. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, the records do not indicate patient has a history or diagnosis of neuropathic pain. The patient suffers from musculoskeletal pains of the knees. While Topamax is sometimes used for headaches, the provider does not document pain reduction and function associated with Topamax. Therefore this request is not medically necessary.

VOLTAREN GEL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113I. Topical AnalgesicsMTUS, pg 105Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Voltaren Gel on 1/15/14. Voltaren Gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, the provider has asked for Voltaren Gel which is reasonable for patient's knee osteoarthritis.

PRILOSEC 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 Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk (MTUS pg 69) Page(s): 69.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Prilosec 20mg #60 on 1/15/14, and is currently taking Prilosec. Regarding PPIs, ODG recommends for patients at risk for gastrointestinal events. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. In this case, the patient is taking opioids and it is not clear how long the patient has been taking Prilosec. Current list of medications do not

include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD. The provider does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Therefore the request is not medically necessary.

LUNESTA 2 MG #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain Chapter, Insomnia, Lunesta.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Lunesta 2mg #30 on 1/15/14 and patient is currently taking Lunesta. Regarding Lunesta, ODG recommends for insomnia, as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, the provider has asked for Lunesta 2mg #30. It is unclear how long patient has been taking Lunesta, as earliest report provided is 1/15/14. However, the UR letter dated 2/18/14 implies that patient has been taking Lunesta since 12/10/13 report. Given the patient's documented insomnia, and that Lunesta is allowed up to 6 months of use per ODG guidelines, this request is medically necessary.

BASIC METABOLIC PANEL AND LIVER FUNCTION TEST 1X1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on on the Non-MTUS Aetna Health Smart Source <http://aetna-health.healthline.com/smartsources/healthwisecontent/Special/tr6151>, Basic Metabolic Panel.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Basic metabolic panel and liver function test 1x1 on 1/15/14. The 1/15/14 report states patient is getting polypharmacy for her chronic pain and will need monitoring. Regarding Basic Metabolic Panel, Aetna Health describes it as a blood test that measures your sugar (glucose) level, electrolyte and fluid balance, and kidney. It is used to determine how medicines are affecting the kidneys or the electrolytes, as part of a regular health examination or to help diagnose a medical condition. In this case, the patient is on a multi-pharmacy regimen and periodic laboratory testing would be appropriate. The reports do not show recent or prior lab. This request is medically necessary.

Ultram 50 mg Quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

CRITERIA FOR USE OF OPIOIDS (MTUS 76-78) Page(s): 76-78.

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Ultram 50mg #60 on 1/15/14. Review of the 1/15/14 report shows patient is currently taking Ultram. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. In this case, the provider notes that patient shows no signs of aberrant drug-seeking, but there is no urine drug screen, no mention of analgesia or activities of daily living. Review of the included reports does not discuss opiates management, and no discussion regarding pain and function related to the use of Ultram. Therefore the request is medically necessary.

Pamelor 75 mg Quantity 30: Overturned

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

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

Decision rationale: This patient presents with bilateral knee pain and is s/p right total knee surgery from 2005. The provider has asked for Pamelor 75mg #30 on 1/15/14. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, there is no indication patient has been taking Pamelor for more than 4 weeks, as the 1/15/14 is the earliest report included, and 12/10/13 is the earliest report included in the UR letter. The requested Pamelor 75mg #30 is reasonable in this case, as patient appears to still be in the trial period (4 weeks).