

Case Number:	CM14-0218995		
Date Assigned:	01/09/2015	Date of Injury:	07/23/2010
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Reported left knee pain. The diagnoses have included internal derangement of the left knee and status post arthroscopy with persistent symptomology. Treatment to date has included knee surgery, failed cortisone injection and Hyalgan injection with improvement with the 4th injection. Currently, the IW complains of tenderness along the left knee. She has received narcotic pain medication in the past, cortisone injections, Hyalgan injection which she received good relief and Nalfon for inflammation. On 12/2/14 Utilization Review non-certified a request for 1 Hyalgan injection to the left knee for 5 weeks, noting the lack of guidelines or scientific evidence to support the use of intra-articular knee injections. The MTUS, ODG was cited. Utilization Review non-certified Naproxen 550 mg #60 noting recommended usage of non-steroidal anti-inflammatory drugs with acute and sub-acute symptoms of osteoarthritis, the IW complained of chronic pain. Non- MTUS, ACOEM Guidelines, was cited. Utilization Review non-certified a prescription for Protonix 20 mg # 60 noting continued use of NSAIDS was not recommended which had caused the stomach upset. Non- MTUS, ACOEM Guidelines, was cited. Utilization Review non-certified a prescription for Mirtazapine 15 mg # 30 noting the IQ complained of chronic pain and depression, the guidelines recommended tricyclics as a first-line agent for chronic neuropathic complications combined with anxiety and not antidepressants, the weaning program for this medication was initiated on 11/5/14. Non- MTUS, ACOEM Guidelines, was cited. On 12/31/14, the injured worker submitted an application for IMR for review of Nalfon 400 mg #60, and Protonix 20 mg #60, and mirtazapine 15 mg #30 and Sodium Hyaluronate 20mg/2ml (five injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of 1 Hyalgan Injections of the left knee (1 per week for 5 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints: Treatment Consideration

Decision rationale: The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The medical records indicated that the patient had a series of Hylan injections and received relief after the 4th injections. Another set of injections for 5 weeks is not medically necessary.

(1) Prescription of Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Naproxen 550mg # 60 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

(1) Prescription of Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Protonix 20 mg # 60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Protonix is therefore, not medically necessary.

(1) Prescription of Mirtazapine 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-14.

Decision rationale: Mirtazapine 15 mg # 30 is not medically necessary. Ca MTUS page 13-14 states that antidepressants for chronic pain as recommended as first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effects takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes but also in evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, include excessive sedation (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. (Perrot, 2006) (Schnitzer, 2004) (Lin-JAMA, 2003) (Salerno, 2002) (Moulin, 2001) (Fishbain, 2000) (Taylor, 2004) (Gijnsman, 2004) (Jick-JAMA, 2004) (Barbui, 2004) (Asnis, 2004) (Stein, 2003) (Pollack, 2003) (Ticknor, 2004) (Staiger, 2003) Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. The medical records did not document treatment efficacy including pain outcome, function, changes in medication, sleep quality and duration or even provide a true psychological assessment. Given the lack of positive response to the medication as the patient continued to display psychogenic pain as well as permanent disability, Mirtazapine is not medically necessary.