

<b>Case Number:</b>	CM15-0129831		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 48 year old female, who sustained an industrial injury on June 10, 2009. She reported a sudden onset of right knee pain after falling onto her right knee. The injured worker was diagnosed as having internal derangement of the right knee, possible posttraumatic osteoarthropathy of the right knee, and right lower extremity swelling, possibly vascular. Diagnostic studies to date have included: On October 14, 2014, a urine drug screen was positive for Tramadol. On January 27, 2015, a urine drug screen was negative for alprazolam, alpha-hydroxyalprazolam, Hydrocodone, and Amitriptyline, which inconsistent with her prescribed medications. The urine drug screen was positive for Tramadol, which was consistent with her prescribed medications. On April 25, 2015 and March 27, 2015, a urine drug screen was negative for hydrocodone and Amitriptyline, which inconsistent with her prescribed medications. The urine drug screens were positive for Tramadol, which was consistent with her prescribed medications. Surgeries include an implantation of a spinal cord stimulator in 2010. Treatment to date has included activity modifications, physical therapy, acupuncture, injection therapy, epidural steroid injections, a transcutaneous electrical nerve stimulation (TENS) unit, a knee brace, a home exercise program, heat, spinal cord stimulator, a cane, and medications including opioid analgesic, proton pump inhibitor, muscle relaxant, antianxiety, antidepressant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: August 28, 2014. There were no noted previous injuries or dates of injury, and no noted comorbidities. Comorbid diagnoses included history of anxiety and depression. On May 7, 2015, the injured worker complains of right knee pain, which is rated 8/10. He continues to complain

of overly sensitive right knee-lower extremity. His spinal cord stimulator decreases his neuropathic pain. The physical exam reveals right knee swelling, range of motion of 0-110 degrees with crepitus, a slightly antalgic gait, and spasm of the calf musculature. Requested treatments include: an interventional pain management consultation to manage the spinal cord stimulator, Prozac 20mg for reactive depression, and a urine toxicology screen. The injured worker remains temporarily totally disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Interventional pain management consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Office visits Pain - Chronic Pain Programs.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent with regard to an interventional pain management consultation. The Official Disability Guidelines (ODG) recommend as determined to be medically necessary based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Per ODG guidelines, referral to a chronic pain program is "recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below." Based on the injured workers continued complaint of the right knee-lower extremity being overly sensitivity, the request for an interventional pain management consultation is medically necessary.

**Prozac 20mg #60:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend antidepressants "as a first line option for neuropathic pain and as a possibility for non-neuropathic pain". The use of selective serotonin re-uptake inhibitor antidepressants is controversial based on controlled trials, and treating the psychological

symptoms associated with chronic pain the main role of selective serotonin re-uptake inhibitor antidepressants. There was documentation showing that the injured worker was taking Prozac in October and December 2014. There was a lack of documentation of objective of functional improvement with the Prozac treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the Prozac is not medically necessary.

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend, drug testing is recommended as an option to assess for the use or the presence of illegal drugs when there are issues with abuse, addiction, or poor pain control, and to avoid misuse of opioids, especially for individuals with a high risk of abuse. The treating physician had documented the injured worker was at a high risk for abuse as she had a poor response to opioids in the past, depression, and had not returned to work for several months. The medication records show multiple urine drug screens with results that were inconsistent with her prescribed treatments. Therefore, the urine toxicology testing is medically necessary.