

Case Number:	CM15-0176388		
Date Assigned:	09/17/2015	Date of Injury:	10/02/2012
Decision Date:	11/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Florida

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:

This injured worker is a 55-year-old male who reported an industrial injury on 10-2-2012. His diagnoses, and or impressions, were noted to include: right ankle avascular necrosis with subchondral collapse of the talus, weight-bearing surface; right knee medial meniscal tear; left knee internal derangement secondary to right knee meniscus tear and right ankle avascular necrosis; left hip sprain-strain; and reactionary depression with anxiety secondary to stress at work, financial constraints and difficulty sleeping. His treatments were noted to include: magnetic resonance imaging studies of the right knee and ankle in 2012; consultations with multiple specialists; a bone scan of the bilateral ankles in June, 2015; injection therapy to the right knee on 9-11-14 was very effective; trigger point injections in the lower back; a right ankle-foot orthosis; medications management; and rest from work. The progress notes of 8-4-2015 reported a re-evaluation for increased pain, rated 8 out of 10, in his foot and ankle, aggravated by weight-bearing, and limiting his mobility and activity tolerance; that he had been evaluated by a podiatrist, as a 3rd opinion, on 4-29-2015; steadily worsening right knee pain; increased pain in his lower back from an awkward antalgic gait; and difficulty obtaining his medications which enable him to function on a daily basis in a self-directed physical therapy program. Objective findings were noted to include: obesity; no acute distress; the wearing of a right ankle Velcro-strapped boot and an antalgic gait favoring the right lower extremity; decreased lumbar range-of-motion; positive bilateral straight leg raise at 65 degrees; the recommendation by 2 specialists for ankle surgery; and that he was completely frustrated over the continued denial of appropriate medical treatment along with his ongoing pain with significant functional limitation. The physician's requests for treatments were noted to include refills of Prilosec 20 mg, 1 tablet BID as needed, #60 and Anaprox DS 550 mg, 1 tablet BID as needed, #60; a prescription for Norco 10-

325 mg, 1 tablet 4 times a day, #120; 10 individual cognitive-behavioral psychotherapy sessions for his ongoing depression and anxiety; and a surgical consideration for ongoing pain in his right knee. The Request for Authorization, dated 8-4-2015, was for Anaprox DS 550 mg, #60; Prilosec 20 mg, twice a day as needed, #60; and Norco 10-325 mg, 1 tab 4-5 x a day, #140. The Utilization Review of 8-14-2015 denied the requests for: Anaprox DS 550 mg, #60; Prilosec 20 mg, #60; Norco 10-325 mg, #140; 10 Cognitive Behavioral Psychotherapy sessions; and a surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short-term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest periods to decrease adverse effects. The records indicate that the patient reported efficacy without adverse effects with utilization of Anaprox. The criteria for the use of Anaprox DS 550mg #60 was met. The request is medically necessary.

Prilosec 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastrointestinal complication associated with chronic NSAIDs use. The records indicate that the patient is utilizing Prilosec for prevention of Anaprox associated gastrointestinal complications. The criteria for the use of Prilosec 20mg #60 was met. The request is medically necessary.

Norco 10/325mg quantity 140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain in patients who have failed treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with other sedative medications. The incidence of complications is increased in patients with a history of co-existing psychosomatic disorders. The guidelines recommend that chronic pain patients with a history of psychiatric disorders be treated with anticonvulsant and antidepressant co-analgesics. The records did not show that the patient failed treatments with non-opioid co-analgesic medications. There is no documentation of objective findings of functional restoration or compliance monitoring. The criteria for the use of Norco 10/325mg #140 was not met. Therefore, the request is not medically necessary.

Cognitive Behavioral Psychotherapy x 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Medical, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Behavioral interventions, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that chronic pain patients be treated for co-existing psychosomatic disorders. The presence of mental health disease can be associated with decreased compliance and efficacy to pain treatment modalities. There is increased increase of adverse effect associated with utilization of opioids and sedative medications. The records indicate that the patient have significant psychosomatic disorder that had not responded to current medications management. There is documentation of stress, anxiety and insomnia in addition to the diagnosis of anxiety and depression disorder. The criteria for the Cognitive Behavioral Psychotherapy x 10 was met. Therefore, the request is medically necessary.

Surgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for Specialist Consultation when the diagnosis is too complex or additional expertise treatment had become necessary for the treatment of chronic condition. The records did not show subjective or objective findings of worsening knee condition. The presence of significant psychiatric condition can be associated with decreased efficacy to surgical treatment of chronic musculoskeletal pain. The records did not show that the patient have exhausted conservative treatments with medications, exercise, behavioral therapy and PT. The criteria for Surgical Consultation was not met. Therefore, the request is not medically necessary.