

Case Number:	CM15-0065797		
Date Assigned:	04/13/2015	Date of Injury:	04/27/2013
Decision Date:	06/23/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: Arizona, Michigan Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on April 27, 2013. He reported neck pain, back pain and bilateral knee pain. The injured worker was diagnosed as having cervical disc protrusion, cervical strain/sprain, lumbar disc protrusion, lumbar musculoligamentous injury, right knee internal derangement, left knee sprain/strain and rule out left knee meniscus tear. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, medications and work restrictions. Currently, the injured worker complains of neck pain, back pain and bilateral knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 23, 2015, revealed continued pain as noted. Oral and topical medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO CONSULT FOR LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 127, Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: Per the MTUS / ACOEM, referral for surgical consultation is warranted under specific guidelines as described in the guidelines. The injured worker is status post arthroscopic knee surgery with ongoing pain, it would appear that re-evaluation by an orthopedic surgeon is warranted at this time. Therefore the request for orthopedic consult for left knee is medically necessary.

NAPROSYN 550MG 1 TAB PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. Unfortunately, a review of the injured workers medical records that are available to me did not yield any documentation of improvement in pain or function with the use of naproxen, therefore the continued use is not medically necessary.

RESTONE QHS # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Insomnia treatment.

Decision rationale: The MTUS/ ACOEM did not address the use of Restone in the injured worker, therefore other guidelines were consulted. Per the ODG, insomnia should be treated in the injured worker depending on the cause. Sedative hypnotic use should be limited, Restone is a herbal blend of melatonin and l-tryptophan. A review of the injured workers medical records reveal that the injured worker sleeps poorly without the use of Restone due to pain, anxiety and depression and it would appear that the continued use of Restone is medically necessary.

PROZAC 40MG 1 TAB PO QD #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. SSRI's are still being studied for use in chronic pain and are more indicated for the treatment of psychological symptoms associated with chronic pain. A review of the injured workers medical records reveal that he is being treated with Prozac for his psychological symptoms and the continued use is medically necessary.

GABAPENTIN 15%, AMITRIPTYLINE 4%, DEXTROMETHOPHAN 10%, 180 GMS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and the guidelines do not support the use of this compound, therefore the continued use of this medication is not medically necessary.

CAPSAICIN 0.025%, FLURIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2%, 180 GMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and the guidelines do not support the use of this compound, therefore the continued use of this medication is not medically necessary.