

Case Number:	CM15-0066726		
Date Assigned:	04/14/2015	Date of Injury:	07/23/2010
Decision Date:	06/30/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/08/2015

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, New York, California

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 applicant is a represented 68-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 23, 2010. In a utilization review report dated March 20, 2015, the claims administrator failed to approve requests for diclofenac, orphenadrine, Tramadol, and venlafaxine (Effexor). The applicant's attorney subsequently appealed. In an RFA form dated January 30, 2015, the attending provider sought authorization for trazodone, oral Voltaren, topical LidoPro ointment, Norflex, Protonix, Terocin, tramadol, Effexor, Nalfon, and Vicodin. In an associated progress note dated January 30, 2015, the applicant reported 9/10 knee pain complaints in one section of the note. It was stated that the applicant had received State Disability Insurance (SDI) benefits and Workers' Compensation Indemnity benefits at various points in time but had apparently returned to work effective April 2012. The applicant did state that she was having to call in sick periodically. Effexor was endorsed for depressive symptoms. Trazodone was endorsed for sleep. Voltaren, Norflex, tramadol, topical LidoPro cream, and Terocin were endorsed for pain concerns. Protonix was also prescribed for unspecified purposes. The applicant was apparently returned to work on this date. On April 9, 2015, the applicant again reported highly variable knee pain complaints. The applicant was described as off of work on this date. The note was very difficult to follow and mingled historical issues with current issues. The applicant had apparently decompensated. The applicant was not doing any chores around the home. Sitting, lifting, standing, and walking remained problematic. The applicant had developed issues of diabetes and hypertension, it was stated. Multiple medications were renewed, including Vicodin, Aciphex, Wellbutrin, Effexor, Desyrel, Flexeril, Ultracet, Norflex,

and Tramadol, while the applicant apparently remained off of work. A TENS unit with garment was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for diclofenac was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac (Voltaren) do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of the efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, it was reported on April 9, 2015, despite ongoing diclofenac usage. The applicant reported pain complaints as high as 9/10 on that date and on a preceding note of January 30, 2015. The applicant was having difficulty performing activities of daily living as basic as household chores, sitting, standing, walking, and lifting, it was reported. Ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as Vicodin and Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request is not medically necessary.

Orphenadrine 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended for the short-term treatment of acute exacerbations of chronic low back pain. Here, however, the 60-tablet supply of orphenadrine (Norflex) at issue represented chronic, long-term, and/or twice daily usage, i.e., usage incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of

the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as reported on April 9, 2015. Pain complaints as high as 9/10 were reported, despite ongoing Tramadol usage. Activities of daily living as basic as sitting, standing, walking, and lifting remain problematic, as reported above. All of the foregoing, taken together did not make a compelling case for continuation of opioid therapy with Tramadol. Therefore, the request was not medically necessary.

Venlafaxine ER 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for venlafaxine (Effexor) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as venlafaxine to exert their maximal effect, here, however, the applicant had been using venlafaxine for a minimum of several months. Progress notes of April 9, 2015 and January 30, 2015 failed to outline evidence of meaningful or material improvements in mood or function affected as a result of ongoing venlafaxine usage. The applicant was off of work. The applicant was described as having residual issues with sleep, stress, and depression, as reported on both dates. It did not appear that venlafaxine, either alone or in combination with trazodone and Wellbutrin, had affected meaningful benefits in mood and/or function in terms of the parameters established in the MTUS 9792.20(e). Therefore, the request was not medically necessary.