

Case Number:	CM15-0069952		
Date Assigned:	04/22/2015	Date of Injury:	09/19/2011
Decision Date:	06/08/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania
 Certification(s)/Specialty: 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 67 year old male, who sustained an industrial injury on September 19, 2011, incurring knee injuries. He was diagnosed with internal derangement of both knees and chronic pain syndrome. Treatment included physical therapy, transcutaneous electrical stimulation, pain medications, and steroid injections. Currently, the injured worker complained of persistent knee pain and stiffness. The treatment plan that was requested for authorization included two knee braces, and cortisone injections for both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
 Page(s): 338.

Decision rationale: The ACOEM recommends use of a knee sleeve as an option for the treatment of patellofemoral syndrome. The ODG notes certain recommendations for prefabricated knee braces, including knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. The ODG states that braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. This injured worker was noted to have knee pain with mention of meniscal tears on MRI; the date and full results of the MRI were not submitted. No examination of the knees was documented. There was no documentation of knee instability, ligament insufficiency, prior knee surgery, avascular necrosis, osteoarthritis, or fracture. There was no documentation of a current rehabilitation program. Due to lack of specific indication, the request for knee braces is not medically necessary.

Cortisone injections for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter, Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid injections.

Decision rationale: The ACOEM states that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. The ACOEM knee chapter states that invasive techniques such as aspiration of effusions or cortisone injections are not routinely indicated. Repeated aspirations or corticosteroid injections are noted to be an option in the management of knee complaints. In this case, the injured worker was noted to have chronic knee pain. No examination of the knees was documented. There was no documentation of failure of conservative therapy such as physical therapy. The injured worker had undergone steroid injection of the knees in December 2014, without documentation of functional improvement as a result of these injections. Due to lack of documentation of failure of conservative therapy, insufficient examination provided, and lack of functional improvement as a result of prior steroid injection to the knees, the request for cortisone injections for bilateral knees is not medically necessary.

Muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy and Neuromuscular electrical stimulations (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation; transcutaneous electrotherapy Page(s): 121, 114-121.

Decision rationale: Neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context. The MTUS states that there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from neuromuscular electrical stimulation for chronic pain. As such, request for muscle stimulator is not medically necessary. In this case, the documentation submitted suggests that the request is for a transcutaneous electrical nerve stimulation (TENS) unit, which differs from a muscle stimulation unit. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. A treatment plan with the specific short and long-term goals of treatment with the TENS unit should be submitted. The physician reports do not address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. Given the lack of clear indications in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit is not medically necessary.

Psychiatric consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations regarding Referrals.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 401-402.

Decision rationale: The ACOEM states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as mild depression be referred to a specialist after symptoms continue for more than six to eight weeks. This injured worker was noted to have issues with sleep, stress, and depression, but no further details regarding signs and symptoms of depression were provided. There was no documentation of mental status examination or evaluation for depression, including lack of evaluation for the severity of depression and lack of discussion of duration of any depressive symptoms. Due to lack of sufficient evaluation for depression, the request for psychiatric consult is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, screening for risk of addiction (tests) Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing; opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. This injured worker has been prescribed tramadol, an opiate medication. There was no documentation of risk stratification for aberrant behavior, which would be necessary to determine the frequency of urine drug testing. There was no discussion or dates and results of any prior urine drug testing. Due to lack of documentation of any prior urine drug screening and lack of documentation of risk for aberrant behavior necessary to determine the frequency of testing, the request for urine drug screen is not medically necessary.

Fenoprofen Calcium 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic knee and wrist pain. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. This injured worker has been prescribed nalfon (fenoprofen) for at least three months. Blood pressure was documented to be significantly elevated at visits in December 2014 and March 2015, with

continuation of NSAIDS in spite of this finding. The treating physician noted that blood testing for liver and kidney function had been performed, but dates and results of testing were not submitted. There was no documentation of functional improvement as a result of use of fenoprofen. It was not documented that the injured worker had returned to work, there was no decrease in work restrictions, and no documentation of improvement in activities of daily living. Due to lack of functional improvement and potential for toxicity, the request for fenoprofen is not medically necessary.

Pantoprazole Sodium 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

Decision rationale: This injured worker has been prescribed fenoprofen, a non-steroidal anti-inflammatory medication (NSAID), and pantoprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Other than age, none of these risk factors were present for this injured worker. There was no documentation of any GI signs or symptoms, and examination of the abdomen was not documented. In addition, the associated NSAID has been determined to be not medically necessary. Due to lack of specific indication, the request for pantoprazole is not medically necessary.

Trazadone 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There was no documentation of functional improvement as a result of use of trazodone. In this case, trazodone was noted to be prescribed for sleep. Sedating antidepressants such as amitriptyline, trazodone, and mirtazapine have been used to treat insomnia; there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has

been found after discontinuation. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Due to lack of functional improvement and lack of evaluation for sleep disturbance, the request for trazodone is not medically necessary.

Tramadol ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has been prescribed tramadol for at least three months, for chronic wrist and knee pain. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There were no functional goals or opioid contract discussed, and it was not documented that the injured worker had returned to work. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Lidopro Cream 1 bottle 121 G: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines salicylate topicals; topical analgesics Page(s): 104, 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. In this case, there was no documentation of failure of antidepressant or anticonvulsant medication. Lidopro contains lidocaine, capsaicin, menthol, and methyl salicylate. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or antipruritics. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. Due to lack of documentation of trial and failure of antidepressants or anticonvulsants, and lack of recommendation for multiple ingredients in this compounded topical medication, the request for lidopro cream is not medically necessary.