

Case Number:	CM15-0077430		
Date Assigned:	04/30/2015	Date of Injury:	05/12/2014
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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, California
 Certification(s)/Specialty: Family Practice

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 28 year old female sustained an industrial injury to the right knee, ankles and feet on 4/12/14. Previous treatment included x-rays, physical therapy and medications. In the most recent PR-2 submitted for review, dated 2/4/15, the injured worker complained of right knee pain with muscle spasms associated with numbness, tingling and pain radiating to the foot, bilateral ankle pain with muscle spasms and pain to the soles of the feet with muscle spasms. The injured worker rated her pain at 6-8/10 on the visual analog scale. Current diagnoses included right knee sprain/strain, rule out derangement, rule out right knee meniscal tear, bilateral ankle sprain/strain, rule out derangement, rule out bilateral ankle talofibular tear and bilateral feet plantar fasciitis. The treatment plan included medications (Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream), shockwave therapy to the right knee and bilateral ankles and feet, LINT therapy to the thoracic spine and lumbar spine, a right knee brace and PRP bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 5mg #30, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/lexapro.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 15. Decision based on Non-MTUS Citation ODG- Mental antidepressants and pg 16-18.

Decision rationale: According to the guidelines, anti-depressants are recommended for depression and PTSD. Lexapro is an SNRI. Tricyclics over SNRI are recommended for pain. In this case, there is no descriptor for depressions or failure of Tricyclics. It can also be used for anxiety; however, response to medication and description of anxiety was not provided. Justification for Lexapro use is not provided. Continued use of Lexapro is not medically necessary.

Buspar 5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/buspar.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 15. Decision based on Non-MTUS Citation ODG- SSRI, depressions.

Decision rationale: According to the guidelines, SSRIs are more appropriate for anxiety. The claimant was already on Lexapro. In addition, the use of Buspar, its physiological response and necessity was not elaborated. The continued use of Buspar is not substantiated and not medically necessary.

Duexis 800mg #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 (ODG), Pain (Chronic) Duexis (ibuprofen & famotidine).

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In addition, Duxeis contains a H2 blocker to reduce the GI effects of NSAID use. However, the claimant had persistent high level of 7/10 pain. Response to medication is unknown. Failure of Tylenol use is not mentioned. Justification of Duexis use is not provided. Continued use of Duexis is not medically necessary.