

<b>Case Number:</b>	CM15-0092553		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old female, who sustained an industrial injury on September 19, 2008. She reported bilateral knee pain. Treatment to date has included physical therapy, right knee injection, x-ray, surgery, electrodiagnostic study, MRI, H-wave unit, transforaminal epidural injection, Hyalgan injections, knee brace, assistive device (cane), TENS unit, heat therapy, neurology consultation and psychological evaluation. Currently, the injured worker complains of constant low back and bilateral knee pain. She reports decreased range of motion, stiffness and muscle spasms in her low back pain. She reports difficulty tolerating prolonged walking and standing, and is unable to lift greater than 15 pounds. She reports the following bilateral knee symptoms; decreased range of motion, swelling, buckling, limping, locking, and pivoting limitations and difficulty negotiating stairs. The injured worker is diagnosed with right knee internal derangement, left knee internal derangement, discogenic lumbar condition with radicular component and depression. She is currently working with modifications. A note dated May 28, 2013, states physical therapy is helping. A note dated April 9, 2015 states the injured worker is experiencing difficulty engaging in activities of daily living and is experiencing a decrease in ability to function due to the pain. The therapeutic response to knee injection, H-wave unit, epidural injection, Hyalgan injections, knee brace, TENS unit and heat therapy was not included in the documentation. The following medications, Celebrex 200 mg # 30 (to decrease inflammation and alleviate pain), AcipHex 20 mg #30 (for stomach upset) and Effexor XR 75 mg #60 (for symptoms of depression) are requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose. The patient continued to report back and knees pain. Therefore, the prescription of Celebrex 200mg #30 is not medically necessary.

**AcipHex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Aciphex, as well as other proton pump inhibitors, is when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Furthermore, the request for Celebrex is not certified and the need for Aciphex is not justified. Therefore, the request for Aciphex 20 mg #30 is not medically necessary.

**Effexor XR 75mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 12-14 and 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 124.

**Decision rationale:** Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and

anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day>. Effexor is generally considered after failure of tricyclic antidepressants or if they are poorly tolerated or contraindicated for treatment of chronic pain. Although the patient developed a chronic pain syndrome and depression, there is no clear rationale for using Effexor. There is no documentation of failure, intolerance or contraindication for using for first line pain medications. There is no documentation of the medical necessity to use Effexor and the modalities to assess its efficacy and side effects. Therefore, the request for the use of Effexor XR 75mg #60 is not medically necessary.