

Case Number:	CM15-0094974		
Date Assigned:	05/21/2015	Date of Injury:	10/02/2012
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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 55-year-old male, who sustained an industrial injury on 10/2/12. He has reported initial complaints of right ankle and right knee pain. The diagnoses have included right knee medial meniscus tear, right ankle avascular necrosis, left knee internal derangement, reactionary depression and anxiety, difficulty sleeping, left hip sprain/strain, medication induced gastritis and non-insulin dependent diabetes. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, orthopedic specialist, cortisone injections, orthosis, injections, psychiatric care, and home exercise program (HEP). Reports from October 2014 to April 2015 were submitted. Norco was prescribed since October 2014. Tramadol was prescribed since February 2015. Currently, as per the physician progress note dated 4/30/15, the injured worker complains of pain in the right foot and ankle, which is aggravated by any type of weight bearing. He rates the pain 8/10 on pain scale, which is unchanged from previous visits. He continues to use a hinged right ankle and foot orthosis, which helps, alleviate the pain as well as provide support. He is also seeing an orthopedic specialist. He received cortisone injection in the right knee on 9/11/14, which provide 3 weeks benefit, however he is having increased pain in the left hip, and knee. He recently had a fall in which the right knee buckled getting out of bed with pain swelling and bruising. The pain has worsened and he received a left greater trochanteric bursa injection on 6/3/14 with good benefit. He has also developed pain in the low back due to his awkward antalgic gait and cramps in the calves. He received trigger point injections in the low back, which provides about a week of good relief. He also complains of leg cramps and pain in the left hip when trying to sleep. He also reports due to the pain he has been feeling more

depressed and anxious and has gained about 16 pounds over the last 4-5 months due to inactivity. The objective findings reveal that the lumbar spine has tenderness bilaterally and increased muscle rigidity. There are numerous palpable trigger points palpable and tender throughout the lumbar paraspinal muscles. There is decreased lumbar range of motion with muscle guarding noted. The straight leg raise in the modified sitting position is positive at 65 degrees bilaterally. There is tenderness to palpation along the right ankle and medial and lateral joint lines. There is crepitus along the medial and lateral joint lines of the right knee. On exam, there is tenderness along the right and left greater trochanteric region. Current work status is temporary totally disabled. The diagnostic testing that was performed included Right knee Magnetic Resonance Imaging (MRI) dated 9/23/12. The physician notes that it revealed a medial meniscus tear. The right ankle Magnetic Resonance Imaging (MRI) dated 10/2012; the physician notes that it revealed avascular necrosis of the talus with partial collapse of the talar dome. The current medications included Norco, Anaprox, Prilosec, Metformin, Halcion and medicinal marijuana. A report from the psychiatrist from 4/2/15 notes additional medications of mirtazepine and cymbalta. Several reports note some use of alcohol. The urine drug screen dated 1/23/15 (the date of an office visit) was inconsistent with medications prescribed, with positive results for temazepam which was not a prescribed medication; this finding was not addressed. Results were also positive for THC (tetrahydrocannabinol) metabolite. The physician requested treatments included Norco 10/325mg, #90, Neurontin 300mg, #90; Follow up visit, Cognitive Behavioral Psychotherapy Sessions (x 10), Follow up One Month, and Ultracet 37.5/325mg, #60. On 5/13/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

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

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

Decision rationale: This injured worker has chronic back, hip, knee, and ankle pain. Norco has been prescribed for at least 6 months. 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 was no documentation of functional goals or return to work. Work status is noted as temporarily totally disabled. No opioid contract was submitted. 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. Specific improvements in activities of daily living and screening for aberrant drug-taking behaviors were not documented. Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. Several reports note use of alcohol. Multiple progress notes list medical marijuana among the medications; use was not further discussed. 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. One urine drug screen was submitted; it was collected on the date of an office visit, rather than at random as recommended by the guidelines. Results were inconsistent with prescribed medications; this was not addressed by the treating physician. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Neurontin 300mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (anti-epilepsy drugs (AEDs)) Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and post herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. The Utilization Review (UR) determination denied the request for neurontin, stating that there was no documentation of neuropathic pain. In this case, the injured worker has chronic lower extremity pain and diabetes, and the progress note from the primary treating physician from 4/30/15 states that a trial of neurontin was requested for neuropathic symptoms in the lower extremity. As such, the request for neurontin is medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Per the request for Independent Medical Review

(IMR) and the submitted records, this request is for a follow up visit with a podiatrist for foot and ankle pain. The progress note from the primary treating physician from 4/30/15 states that the injured worker was evaluated by the podiatrist on 4/29/15 for a third opinion, that diagnostic studies were recommended, and that the primary treating physician was awaiting the report from the podiatrist. The documentation indicates that the injured worker is also under the care of an orthopedic ankle specialist, and that he had been evaluated by another orthopedic surgeon for a second opinion regarding right ankle fusion. As there was no documentation as to the need or reason for a follow up visit with the podiatrist, and as the current report from the podiatrist was not submitted, the request for follow up visit (with the podiatrist) is not medically necessary.

Cognitive Behavioral Psychotherapy Sessions (x 10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions p. 23, psychological evaluations and treatment p. 100-102 Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: cognitive behavioral therapy (CBT), cognitive therapy for depression.

Decision rationale: Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy (CBT) and self-regulatory treatments have been found to be particularly effective. The MTUS for chronic pain states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, and that with evidence of functional improvement, there may be a total of 6-10 visits over 5-6 weeks. Regarding cognitive therapy for the treatment of depression, the ODG states that studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. This injured worker has a diagnosis of depression. Records indicate that he is being treated with medication for depression by a psychiatrist, and that he was recently evaluated by a new psychologist who has recommended individual cognitive-behavioral psychotherapy. In this case, the injured worker was documented to have chronic pain and depression, with recommendation by the psychologist for cognitive-behavioral psychotherapy. No prior CBT was documented, and as such, this represents an initial request. The number of sessions requested (10) exceeds the guideline recommendation for an initial course of CBT (3-4 sessions per the MTUS for chronic pain and 4-6 sessions per the ODG for depression). As such, the request for Cognitive Behavioral Psychotherapy Sessions (x 10) is not medically necessary.

Follow Up One Month: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. Per the request for Independent Medical Review (IMR) and the submitted records, this request is for a follow up visit with a general internist for treatment of diabetes mellitus. An office visit with the treating general internist from 3/9/15 was submitted. Treatment of diabetes with Xigduo XR (dapagliflozin and metformin) was noted. The injured worker reported increased urination. The physician ordered laboratory testing including a complete metabolic panel, blood count, urinalysis, and hemoglobin A1C, and noted a plan to re-evaluate the injured worker in 3-4 weeks to review the laboratory studies and make any necessary changes to his diabetic regimen if needed. The Utilization Review (UR) determination denied the request for follow up visit with the general internist, noting that there was no recent progress report from this physician establishing medical necessity for a follow-up visit. However, the progress report was submitted as described, and the physician has noted that the injured worker is taking medication for diabetes with laboratory monitoring requested. Symptom of increased urination was noted. Due to the need for monitoring and adjustment of medication treatment of diabetes and evaluation of symptoms as described, the request for follow up visit in one month (with the general internist) is medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Per the request for Independent Medical Review (IMR) and the submitted records, this request is for a follow up visit with the orthopedic surgeon due to ongoing pain in the right knee. The primary treating physician (a pain management physician) noted that this orthopedic surgeon had planned operative repair of the right knee medial meniscus, but that this could not be done until ankle issues (including a planned ankle surgery) were addressed. A prior steroid injection to the right knee, which provided several weeks of benefit, was discussed. A recent fall due to right knee instability was

noted. The Utilization Review (UR) determination denied the request for follow up visit with this orthopedic surgeon, noting that there was no recent progress report from this physician establishing medical necessity for a follow-up visit. The report from the primary treating physician documents continued orthopedic issues with the right knee, with ongoing pain and a recent fall, and need for surgery. As such, the request for follow up visit (with the orthopedic surgeon who has been seeing this injured worker for right knee issues) is medically necessary.

Ultracet 37.5/325mg, #60: Upheld

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

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

Decision rationale: 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. This injured worker has chronic multifocal pain. The injured worker has been prescribed tramadol for two months, as well as norco, another opioid medication, for at least 6 months. Ongoing, chronic opioid use requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing opioid use. There was no documentation of significant pain relief or functional improvement as a result of use of tramadol. No specific improvements in activities of daily living were discussed, and work status is noted as temporarily totally disabled. This injured worker has also been prescribed cymbalta, a serotonin and norepinephrine reuptake inhibitor, which in combination with tramadol may cause serotonin syndrome and seizures. Due to lack of functional improvement, potential for toxicity, and lack of prescription of opioids in accordance with the MTUS, the request for ultracet (tramadol and acetaminophen) is not medically necessary.