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| Case Number: | CM15-0096311 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 05/04/2005 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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 York

Certification(s)/Specialty: Anesthesiology

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 54-year-old, female who sustained a work related injury on 5/4/05. The diagnoses have included lumbar postlaminectomy syndrome, lumbar disc displacement without myelopathy, low back pain, lumbosacral radiculopathy, lumbosacral spondylosis, osteoarthritis of knee, knee pain, and depression/anxiety. Treatments have included oral medications, Butrans patches, physical therapy, ice therapy, rest, exercise, injections and a spinal cord stimulator. In the PR-2 dated 4/15/15, the injured worker complains of persistent, moderate low back pain. She has pain that radiates down left leg. She describes the pain as an ache, numbness, piercing, shooting and throbbing. She states her pain level is 3/10 with medications and a 9/10 without medications. She has tenderness to palpation of paraspinal muscles with spasm. She has painful range of motion in lumbar spine. She has mild swelling in left knee; she has tenderness to palpation of left knee joint line. She has crepitation in left knee. The treatment plan includes orders for a knee joint injection and for refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Major Joint Corticosteroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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

Decision rationale: According to the ODG, corticosteroid injections are recommended for short-term use only. An intra-articular corticosteroid injection results in a clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. In this case, there is a lack of documentation of physical exam findings related to the left knee. There is no specific indication for a left knee steroid injection. Medical necessity for the requested corticosteroid injection has not been established. The requested injection is not medically necessary.

Senna 8.6mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 77. Decision based on Non-MTUS Citation www.drugs.com/senna.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Constipation.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Senna is a stimulant laxative used for the treatment of constipation. In this case, there are no complaints of constipation and there has been non-approval of further opioid therapy. The medical necessity of Senna has not been established. The requested medication is not medically necessary.

Pennsaid 1.5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack

of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Pennsaid. This medication is a topical solution that contains diclofenac sodium. There is no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Nortriptyline HCL 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 24, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain, Tricyclic antidepressants.

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortriptyline, are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case, there is no documentation of objective functional improvement because of this medication. There is no documentation of medical need to continue the Nortriptyline. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain

with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Celexa 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 107.

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

Decision rationale: Citalopram (Celexa) is a selective serotonin re-uptake inhibitor (SSRI). SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. In this case, there is documentation of depression, anxiety related medical complaints arising from the industrial injury. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Butrans 10mcg/hr #4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.