

Case Number:	CM15-0098784		
Date Assigned:	06/03/2015	Date of Injury:	06/11/2002
Decision Date:	10/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 71-year-old female with a June 11, 2002 date of injury. A progress note dated March 17, 2015 documents subjective complaints (avoiding walking altogether; uses a cane; minimizing chores; cannot lift more than ten pounds), objective findings (tenderness along the medial joint line of the left knee; tenderness along the outer joint line; positive McMurray test with weakness to resisted function; knee extension is 110 degrees and knee flexion is 90 degrees), and current diagnoses (internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. The treating physician documented a plan of care that included Nalfon, Wellbutrin, AcipHex, Oxycodone, MS Contin, Norflex, Tramadol, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon (Fenoprofen) 400mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R Page(s): 60 and 67 of 127.

Decision rationale: This 71-year-old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified, therefore is not medically necessary.

Wellbutrin 150mg #60: Upheld

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

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

Decision rationale: As shared, this 71-year-old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear

what objective, functional benefit has been achieved. The request is appropriately non-certified, therefore is not medically necessary.

AcipHex 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R Page(s): 68 of 127.

Decision rationale: As noted, this 71-year-old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non- certified based on MTUS guideline review, therefore is not medically necessary.

Oxycodone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R Page(s): 79, 80 and 88 of 127.

Decision rationale: As noted previously, this 71-year-old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section:When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. As shared earlier, there especially is no documentation of functional improvement with the

regimen. The request for the opiate usage is not certified per MTUS guideline review, therefore is not medically necessary.

MS Contin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R Page(s): 79, 80 and 88 of 127.

Decision rationale: As above, this 71-year-old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. In regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review, therefore is not medically necessary.

Norflex (Orphenadrine) 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. MTUS (Effective July 18, 2009) Page(s): 65 of 127.

Decision rationale: As previously shared, this 71-year-old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. The MTUS says that the muscle relaxers should be for short term use only for acute spasm. A prolonged use is not supported. The request is not consistent with a short term use. The request is appropriately non-certified, therefore is not medically necessary.

Tramadol (Ultram) 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C. C. R. MTUS (Effective July 18, 2009) Page(s): 12,13 83 and 113 of 127.

Decision rationale: This 71-year-old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not certified, therefore is not medically necessary.

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: As noted, this 71 year old claimant was injured in 2002. Diagnoses are internal derangement of the left knee; discogenic cervical condition with radicular component down the upper extremities; discogenic lumbar condition; left shoulder strain; depression, stress, and sleep issues due to chronic pain). Treatments to date have included cortisone injections of the left knee, Hyalgan injections of the left knee; magnetic resonance imaging of the left knee showing a tear of the medial meniscus, nerve studies, medications, transcutaneous electrical nerve stimulator unit, therapy, and knee bracing. These are largely requests for medications now 13 years post injury. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria, therefore is not medically necessary.