

<b>Case Number:</b>	CM13-0025401		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58 year old female who was injured on 07/23/2007 while she was working with children in daycare room as she was standing; she turned to the right and felt a sharp pain in her right knee. Prior treatment history has included postoperative physical therapy and the following medications: Naproxen Sodium, Omeprazole, Cyclobenzaprine, Tramadol and Medrox Pain Relief Ointment. On 09/04/2009 the patient underwent right knee surgery. The diagnostic studies reviewed include MRI of the right knee dated 11/30/2012 revealed evidence of previous anterior cruciate ligament repair surgery which appears satisfactory, metallic susceptibility artifact identified in relation to the anterior aspect of the proximal tibia and also in relation to the anterior aspect of the patella, sprain of the medial collateral ligament, chondromalacia patellae, findings suggestive for tear of the posterior horn of the medial meniscus, joint effusion and superficial varicose veins. The progress note dated 07/02/2013 documented the patient to have complaints of persistent pain in the right knee that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing and sitting. She has left foot pain. Objective findings on exam included examination of the right knee revealing tenderness at the right knee joint line. There is a positive patellar compression test. There is positive McMurray's sign. There is pain with terminal flexion with crepitus. The diagnoses include internal derangement of the right knee and left plantar fasciitis. The last medical report indicates patient has had acid reflux with GI upset from taking the Naprosyn recently.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE CAPSULE 20 MG, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

**Decision rationale:** According to the California MTUS guidelines, PPI "Omeprazole" is recommended if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The medical records document the patient had persistent pain in the right knee that was aggravated with squatting, kneeling, ascending and descending the stairs, walking multiple blocks, prolonged standing and sitting. Physical examination revealed tenderness at the right knee joint line, there was positive patellar compression test, positive McMurray's sign and pain with terminal flexion and crepitus. In the absence of documented duration of NSAID, any history of GI bleeding concurrent use of ASA, corticosteroid and/or anticoagulant, or high dose or multiple NSAID, the request is not medically necessary according to the guidelines. Due to the history of GI upset and acid reflux symptoms that the PPI alleviates the Omeprazole is medically necessary as per ODG guidelines.

**MEDROX PATCH, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical, Salicylate Topicals, Topical Analgesics Page(s): 28-29, 105, 111-113.

**Decision rationale:** According to the references, Medrox patch is a product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the California MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that he is prescribed oral medications. In addition, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The request is not medically necessary according to the guidelines.

**NAPROXEN SODIUM TABLETS 550 MG, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67, 68.

**Decision rationale:** According to the California MTUS guidelines Naproxen "NSAID" is recommended at the lowest dose for the shortest period in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. The medical records document patient had persistent pain in the right knee that was aggravated with squatting, kneeling, ascending and descending the stairs, walking multiple blocks, prolonged standing and sitting. On physical examination revealed tenderness at the right knee joint line, there was positive patellar compression test, positive McMurray's sign and pain with terminal flexion and crepitus. Based on the subjective and objective findings and diagnosis, the request is medically necessary according to the guidelines.