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| Case Number: | CM13-0025734 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 03/23/2007 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

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:

This is a 53 year old male patient with a date of injury of March 23, 2007. He is not working. A An August 29, 2013 progress note stated that the patient has gained 60 lbs and is unable to do exercises on the ground. He is limping and buckling with functional limitation. Objectively, there is tenderness along the inner knee and medial epicondyle. There is burning along the knee. He has roughly 120 degrees of shoulder elevation and abduction is with a little bit discomfort to 135 degrees with weakness. The patient was to receive medications including naproxen 500mg 60 tabs, Acetadryl 25/500mg 50 tablets, Neurontin 600mg 90 tablets, prilosec 20mg 60 tablets, and flexeril 7.5mg 60 tablets. Treatment has included activity modification, medication, TENS unit, knee brace, hot/cold wrap. He is status post (s/p) intervention to the left elbow with medial epicondylar release, intervention to the knee with arthroscopy. He had recent electrodiagnostic study with evidence of left L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CYCLOBENZAPRINE 7.5MG #60 FOR DOS 8/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP), however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. This is a chronic pain patient and there is no indication of objective response to cyclobenzaprine. There is no acute condition that would justify the use of a muscle relaxant. The request is not medically necessary.

RETROSPECTIVE PRILOSEC 20MG FOR DOS 8/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & C.

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

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines state that proton-pump inhibitor (PPI) medications are indicated for patient's with intermediate or high risk of GI events. There is no indication that this patient is at increased risk for GI events or suffers from any GI complication or symptom to substantiate the request. Response to previous prescriptions was not properly assessed. The request is not medically necessary.

GABAPENTIN 600MG #30 FOR NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin Page(s): 18-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin Page(s): 16-17.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no indication that the patient has true neuropathic pain. There is no indication of efficacy with previous use. The request is not medically necessary.

CYCLOBENZAPRINE 7.5MG #60 FOR NEXT VISIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. This is a chronic pain patient and there is no indication of objective response to cyclobenzaprine. There is no acute condition that would justify the use of a muscle relaxant. The request is not medically necessary.

NAPROXEN SODIUM 550MG #60 FOR NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 46.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. This patient has multiple body part pain. However, it is unclear what the response to Naproxen has been. The patient has a 2007 date of injury. It is unclear how long the patient has been on NSAID medication. There is no indication of efficacy with previous use. The request is not medically necessary.

ACETADRYL 550/25MG #50 FOR NEXT 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 FDA: Acetadryl.

Decision rationale: The FDA states that Acetadryl is indicated for the temporary relief of occasional headaches and minor aches and pains with accompanying sleeplessness. There is no indication that the patient has sleeping issues that would necessitate the use of Acetadryl, as opposed to using standard acetaminophen in a non-compounded formulation. There is no indication of efficacy with previous use. The request is not medically necessary.

PRILOSEC 20MG #60 FOR NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, And Cardiovascular Risk Page(s):.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines state that PPI medications are indicated for patient's with intermediate or high risk of GI events. There is no indication that this patient is at increased risk for GI events or suffers from any GI complication or symptom to substantiate the request. The request is not medically necessary. There is no indication that the patient suffers from GI issues or is at an increased risk for GI complications. There is no indication of efficacy with previous use. The request is not medically necessary.

TRAMADOL SR 150MG #30 FOR NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 79-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is not enough supporting evidence to establish medical necessity. The patient has some pain issues. However, there is no established response to previous use of tramadol including pain relief and functional deficit. There is no evidence of proper monitoring for adherence and compliance. The request is not medically necessary.

TENS UNIT PADS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, Chronic Pain Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. The note states that the patient uses a TENS unit and needs pads. It is unclear, however, how often the unit is used, what the outcomes are in terms of pain relief and functional benefit. The request is not medically necessary.

X-RAYS, STANDING, LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS Guidelines states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. It is unclear why the provider is requesting a knee radiograph at this time. While there is indication of knee complaints, there is no indication of pathology that would warrant radiographs. The request is not medically necessary.

ONE (1) YEAR MEMBERSHIP TO A YMCA WITH A POOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Membership.

Decision rationale: The ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools and athletic clubs are not generally considered medical treatment. The request is not medically necessary.