

Case Number:	CM13-0036044		
Date Assigned:	12/13/2013	Date of Injury:	08/14/2008
Decision Date:	02/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and Washington, DC. 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 physician 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 66 year old female with a date of injury of 8/14/2008. The patient suffers from chronic right knee pain. Review of the available records indicates that she had right knee arthroscopic medial meniscectomy with abrasion chondroplasty of medial femoral condyle performed on 7/26/2011. Per the 9/24/2013 progress exam, the patient's relevant objective findings included antalgic gait with the use of her cane, right knee range of motion was 5-110 degrees, positive and painful patellofemoral crepitus, tenderness to palpation of the medial joint line, and 4/5 quadriceps and hamstring strength. She was diagnosed with right knee arthralgia with degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; Oct. 2009; S.L. McKay, M. Fravel, and C. Scanlon

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; as

well as Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; Oct. 2009; S.L. McKay, M. Fravel, and C.

Decision rationale: The California MTUS does not address the use of Docuprene. According to evidence based guidelines, docusate is a stool softener recommended for patients with opioid-induced constipation. Docuprene is indicated for complaints of constipation. A review of the records provided does not show that the patient has complaints of constipation. Therefore, the requested Docuprene is not medically necessary at this time.

Hydrocodone/APAP 7.5/325mg #180: Upheld

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

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

Decision rationale: Current treatment guidelines state that hydrocodone/APAP is indicated for moderate to moderately severe pain. For higher doses of hydrocodone and acetaminophen the recommended dose is usually 1 tablet every 4-6 hours as needed for pain. The last review on 8/19/2013 stated that the patient's medication was modified to hydrocodone/APAP 5/325mg #38. Since this time, the patient remains stable with an increase in her function such as walking distance, cooking, cleaning, and ability to perform her home exercise program. Therefore, the requested hydrocodone/APAP 7.25/325mg is not medically necessary at this time.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The current treatment guidelines state that risks for gastrointestinal events and cardiovascular disease need to be considered with use of nonsteroidal anti-inflammatory drugs (NSAIDs) on whether a proton pump inhibitor in conjunction with the NSAID is necessary for the patient. Risk factors for a gastrointestinal event include age greater than 65, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA, corticosteroids, and anticoagulant, and high dose/multiple NSAIDs. Patients with intermediate or high risk of gastrointestinal events with no cardiovascular disease can take a proton pump inhibitor with their non-selective NSAID. The treatment guidelines state that if a patient is at intermediate risk of gastrointestinal event with no cardiovascular disease then they can take a proton pump inhibitor with their non-selective NSAID. The record shows that this patient is no longer taking the NSAID Voltaren and there is no history of peptic ulcer, gastrointestinal bleeding, or perforation. Therefore, the request for Omeprazole is not medically necessary or appropriate.

LidoPro cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): s 28, 55, 105.

Decision rationale: Current treatment guidelines state that many topical medications are compounded as mono therapy or in combination for pain control. These topical medications can be made up of NSAIDs, capsaicin and local anesthetics, but there is little to no research to support the use of many of these agents. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Topical capsaicin is supported at the 0.025% formulation, but only as an option in patients who have not responded or are intolerant to other treatments. There is no support for lidocaine in any other form, but Lidoderm. Topical NSAIDs are only supported for short term use on joints amenable to topical treatment. LidoPro cream is made up of capsaicin, lidocaine, menthol, and methyl salicylate. There is no evidence that the patient has not responded or was intolerant to other treatments as recommended by guidelines. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Also, lidocaine is not guideline supported in this form. Therefore, the requested LidoPro cream is not medically necessary or appropriate.