

Case Number:	CM13-0039947		
Date Assigned:	12/20/2013	Date of Injury:	09/19/2008
Decision Date:	06/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 45-year-old female who has filed a claim for knee contusion and chronic low back pain associated with an industrial injury date of September 19, 2008. Review of progress notes reports bilateral knee and low back pain. There are spasms, numbness, and tingling in both feet. Patient also reports insomnia and depression sometimes. Findings include tenderness of the low back region, and decreased range of motion for bilateral knees. Patient ambulates with a cane. Treatment to date has included NSAIDs, Topamax, muscle relaxants, opioids, Medrox patches, Terocin patches, Synovacin, bracing, TENS, hot and cold wrap, left knee surgery in April 2013 with 24 post-operative physical therapy sessions, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY X 12 SESSIONS LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Physical Therapy, page 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Physical medicine treatment

Decision rationale: The Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The Official Disability Guidelines recommend 12 post-operative physical therapy visits. The patient has had 24 post-operative physical therapy sessions to the left knee. The patient was able to walk better, and continues to do home exercises. There is no documentation as to the functional gains expected from these additional sessions. Additional sessions would exceed guideline recommendations, and patient is already doing home exercises. Therefore, the request is not medically necessary.

MEDS: LUNESTA 3MG #25 INSOMNIA: 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 Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment

Decision rationale: The California MTUS Guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines were used instead. The Official Disability Guidelines state that Eszopicolone (Lunesta) is a non-benzodiazepine sedative-hypnotic and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. The patient has been on this medication since at least September 2012. The patient notes experiencing insomnia at times due to pain. There is no documentation describing patient's insomnia, or of benefits derived from this medication. Therefore, the request is not medically necessary.

TRAMADOL ER 150MG #30 LONG ACTING PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least September 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request is not medically necessary.

DOCUPRENE 100MG #60 CONSTIPATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate)

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. The patient has been on this medication since June 2013. There is no documentation regarding constipation in this patient. In addition, the request for tramadol ER has not been authorized. Therefore, the request is not medically necessary.

PRILOSEC 20MG #60 STOMACH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPI) are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. The use of a PPI for more than one year has been shown to increase the risk of hip fracture. The patient has been on this medication since at least November 2012. There is no documentation regarding gastrointestinal symptoms in this patient, or of the abovementioned risk factors. Therefore, the request is not medically necessary.

MEDROX PATCHES #5 PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, Topical Compounding Medcaltios, Page 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate Topicals and Topical Analgesics Page(s): 28, 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Medrox contains menthol (5%), capsaicin (0.0375%), and methyl salicylate (20%). The California MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin

component, the Chronic Pain Medical Treatment Guidelines state that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the California MTUS states that salicylate topicals are significantly better than placebo in chronic pain. The patient has been on this medication since March 2013. There is no documentation regarding failure of other oral medications. Therefore, the request is not medically necessary.