

Case Number:	CM13-0045229		
Date Assigned:	04/11/2014	Date of Injury:	02/15/2012
Decision Date:	06/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 has filed a claim for internal derangement of the knee and bilateral shoulder impingement associated with an industrial injury date of February 15, 2012. Review of progress notes reports that the right knee is more bothersome than the left. The patient also has bilateral shoulder pain. Findings include left knee effusion, tenderness of the medial and lateral joint lines where the incision portal sites were located, decreased range of motion, decreased motor strength, and significant guarding. Regarding the right knee, findings include tenderness of the medial and lateral joint line, crepitus, and decreased strength. Regarding both shoulders, findings include tenderness over the supraspinatus tendon with limited range of motion, decreased strength, and positive Neer and thumbs down tests. X-ray of the knees dated June 26, 2013, showed narrowing of the right knee medial joint space and narrowing of the patellofemoral articulation of both knees. There is also note of cervical and lumbar symptoms from 2012 until early 2013. A cervical MRI dated April 06, 2012, showed multilevel disc protrusions with effacement of the thecal sac, and patent neural foraminae. The treatment to date has included opioids, non-steroidal anti-inflammatory drugs (NSAIDs), gabapentin, muscle relaxants, Soma, Ambien, Prozac, compound creams, injections, bracing, lumbar epidural block, sacroiliac injections, acupuncture, chiropractic therapy, right knee surgery, and left knee meniscectomy on May 28, 2013, with post-operative physical therapy. The utilization review from November 04, 2013, denied the request for Norco 10/325mg #120 as there is no documentation regarding functional improvement with this medication; and omeprazole 20mg #60 as the patient is not considered at risk for gastrointestinal (GI) events and has no GI symptomatology; pain management referral for cervical epidural steroid injection (CESI); and

Exoten-C 120ml. The reasons for denial of pain management referral and Exoten-C were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PAIN MANAGEMENT REFERRAL FOR A CERVICAL EPIDURAL STEROID INJECTION (CESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: The ACOEM Guidelines indicate that occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The Chronic Pain Guidelines indicate that epidural steroid injections are recommended in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight (6-8) weeks was observed following a previous injection. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, there is no mention of any cervical symptoms in the recent progress notes. Additional information is necessary at this time to provide support for this request. Therefore, the request for pain management referral for cervical epidural steroid injection (CESI) is not medically necessary.

NORCO 10/325MG #120: 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): 78-81.

Decision rationale: The Chronic Pain Guidelines indicate that 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 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

OMEPRAZOLE 20MG #60: 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 & cardiovascular risk Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitors (PPIs) are used in patients on non-steroidal anti-inflammatory drug (NSAID) therapy who are at risk for gastrointestinal (GI) events. The risk factors include: age greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI more than one (1) year has been shown to increase the risk of hip fracture. The patient has been on this medication since at least June 2013. There is no mention of the above risk factors, or of GI symptoms in this patient. Therefore, the request for omeprazole 20mg #60 is not medically necessary.

EXOTEN-C 120ML: Upheld

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

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

Decision rationale: An online search indicates that Exoten-C lotion is composed of capsaicin 0.0002%, menthol 10%, and methyl salicylate 20%. Regarding the Capsaicin component, the Chronic Pain Guidelines indicate 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 guidelines do not cite specific provisions, but the Official Disability Guidelines indicate 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 guidelines indicate that salicylate topicals are significantly better than placebo in chronic pain. The patient has been on this medication since July 2013. However, there is no documentation regarding intolerance or failure of first-line medications. Therefore, the request for Exoten-C 120ml is not medically necessary.