

<b>Case Number:</b>	CM13-0049876		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/28/2005
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Orthopedic Surgery, 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:

63 year old male claimant with an industrial injury dated 01/28/05. Current medications include Flexeril, Mentherm gel, Celebrex 100, Pennsaid lotion, Pantoprazole, and Cidaflex. Exam note 07/14/14 states the patient experiences constipation and depression as well as cervical pain, shoulders, hands, wrists, lumbar spine, and knee pain. The patient is status post a left knee injection in which resulted in little pain relief. Diagnosis is noted as cervical strain, cervical radiculitis, lumbar strain, lumbar radiculopathy, bilateral shoulder strains, bilateral wrist and hand tendinitis, bilateral CTS, bilateral knee pain, gastritis, secondary decompression due to chronic pain and constipation. Treatment includes a left knee meniscectomy and debridement with possible cyst decompression but the patient is not interest to continue with the procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Magnetic Resonance Imaging (MRI) of the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

**Decision rationale:** According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, pages 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The exam note from 7/14/14 submitted for review does not demonstrate a new injury or objective findings to warrant additional imaging of the knee. The request for knee MRI is therefore not medically necessary and appropriate.

**Nucynta:** 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, Tapentadol.

**Decision rationale:** CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case the exam note from 7/14/14 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore the determination is not medically necessary.

**Pantoprazole:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS does not address proton pump inhibitors such as Pantoprazole. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In this particular case there is insufficient evidence in the records from 7/14/14 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Pantoprazole is not medically necessary.

**Cidaflex:** 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 Glucosamine Page(s): 50.

**Decision rationale:** Cidaflex is a formulation of Chondroitin and Glucosamine. CA MTUS/Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine Sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, double-blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine Sulphate. Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification." In this case there is lack of evidence of knee osteoarthritis from the exam note of 7/14/14 demonstrating knee osteoarthritis. Therefore the request is not medically necessary.