

<b>Case Number:</b>	CM14-0004349		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2014

### 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 Orthopaedic 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:

This 62-year-old male sustained an industrial injury on 8/28/09. Past medical history was positive for obesity, diabetes, hypercholesterolemia, type II diabetes, and hypertension. Multilevel lumbar degenerative disc disease was documented by MRI on 4/8/11. The 7/6/11 electrodiagnostic studies revealed mild right L5/S1 radiculopathy. Past surgical history was positive for left knee arthroscopic medial meniscectomy and chondroplasty in 2007 and repeat surgery in 2010. The patient underwent left shoulder arthroscopic chondroplasty, subacromial decompression, and rotator cuff repair on 1/25/13. The 8/20/13 bilateral knee x-rays demonstrated moderate medial compartment degenerative joint disease and mild degenerative changes of the patellofemoral joints. Records documented early tibiotalar left ankle arthritis and chronic mild peroneal tendonitis both ankles. The 12/2/13 treating physician report cited chronic unremitting right knee, left ankle, and right shoulder pain, and residual left shoulder and knee pain. Physical exam documented cervical paravertebral muscle spasms and tenderness, pain with upper extremity elevation bilaterally, and pain with knee flexion/extension against gravity. Medications were refilled as they cause no side effects and helped maintain functional capacity. The diagnosis was ankle and tarsus enthesopathy, shoulder bursae and tendon disorders, and current tear of cartilage or meniscus of the knee. A right knee intra-articular injection was planned for the next visit. The 12/30/13 utilization review denied the medications under review based on an absence of current medical documentation relative to current symptoms, physical exam findings and response to medications. The most recent report was from 5/31/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIDAFLEX #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of glucosamine and chondroitin (Cidaflex) as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. There is radiographic evidence of bilateral knee degenerative joint disease and unremitting chronic knee pain. Current medications reportedly help maintain function with no side effects. Therefore, this request for Cidaflex #90 is medically necessary.

**OMEPRAZOLE 20 MG #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. . Guideline criteria for intermediate gastrointestinal risk factors have been met. The patient is 62 years old and is taking nabumetone and low-dose aspirin. Therefore, this request for Omeprazole 20 mg #90 is medically necessary.

**NABUMETONE 750 MG #100: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) supports the use of nabumetone for the treatment of osteoarthritis at a dose of 1500 to 2000 mg per day. Non-steroidal anti-inflammatory drug guidelines warn of gastrointestinal symptoms and cardiovascular risks and generally recommend that the lowest effective dose be used for all

NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have been met. This patient presents with imaging evidence of bilateral knee osteoarthritis and early ankle arthritis with chronic and unremitting pain. Current medications reportedly help maintain function without side effects. Therefore, this request for Nabumetone 750 mg #100 is medically necessary.

**TEROCIN PATCH #10:** 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): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not provide specific recommendations for Terocin patches. Terocin patches include Lidocaine 600 mg and Menthol 600 mg. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Continued outcomes should be intermittently measured and if improvement cannot be determined or does not continue, lidocaine patches should be discontinued. Guideline criteria have not been met for continued use of this medication. There is no clear evidence of neuropathic pain. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Therefore, this request for Terocin Patch, quantity 10, is not medically necessary.

**TRAMADOL ER 150 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Therefore, this request for Tramadol HCL ER 150 mg #60 is not medically necessary.