

<b>Case Number:</b>	CM14-0006703		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 25, 2012. Thus far, the patient has been treated with the following: Analgesic medications; earlier knee arthroscopy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy, over the life of the claim. In a utilization review report of December 27, 2013, the claims administrator denied a request for Naprosyn, Prilosec, and Condrolite (glucosamine). The patient's attorney subsequently appealed. In a December 5, 2013 progress note, the patient presented with ongoing knee pain. The patient is given diagnosis of chondromalacia patella of the knee status post knee arthroscopy. The patient is using a cane to move about. The patient is placed off of work, on total temporary disability. The note does not contain much in the way of narrative commentary. There is no mention of reflux or dyspepsia. Various nutritional supplements, including Actrim were prescribed to facilitate weight loss. An earlier note of October 24, 2013 was again notable for comments that the patient was off of work, on total temporary disability. Again, no mention was made of reflux, heartburn, or dyspepsia. In an earlier note of October 10, 2013, the patient again presented with ongoing complaints of knee pain. There was no mention of reflux, heartburn, and/or dyspepsia in any section of the note. In an early note of August 15, 2013, the patient was described as carrying diagnosis of knee pain secondary to chondromalacia patella status post knee arthroscopy. The patient did have x-rays of the knee performed which demonstrated narrowing in the middle compartment. Naprosyn, Tramadol, Prilosec, and Condrolite were apparently endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG #60 1 TAB 2X DAILY, 30 DAY SUPPLY, TO REDUCE PAIN:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, and Naprosyn section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, and Naprosyn section. Page(s): 73.

**Decision rationale:** While page 73 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Naprosyn is indicated in the treatment of osteoarthritis, as is present here, in this case, however, the patient has used Naprosyn chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The patient is off of work, on total temporary disability. The attending provider has seemingly suggested that the patient's ability to perform even basic activities of daily living, such as ambulation, are diminished, despite ongoing usage of Naprosyn and other medications. Therefore, the request is not medically necessary.

**PRILOSEC 20MG #60 1 CAP 2X DAILY, 30 DAY SUPPLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. P.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitors such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, the information on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia for which ongoing usage of omeprazole or Prilosec would be indicated. Therefore, the request is not medically necessary.

**CONDROLITE 50/200/150MG #90 1 TAB 3X DAILY WITH MEALS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, and Glucosamine to.

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

**Decision rationale:** As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, that associated with knee arthritis. In this case, the patient does have radiographic and

clinical evidence of knee arthritis for which ongoing usage of Condrolite (glucosamine) is indicated. Therefore, the request is medically necessary.