

<b>Case Number:</b>	CM14-0007599		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 57-year-old male who has filed a claim for bilateral knee osteoarthritis associated with an industrial injury date of February 02, 2012. A review of progress notes indicates neck pain extending to both shoulders and arms, with numbness of both hands. Regarding the knees, there is left-sided knee pain with weakness. Findings include antalgic gait; cervical spasms; decreased neck, low back, and bilateral shoulder range of motion; tenderness over the lumbar region and both shoulders at the rotator cuff area; positive impingement testing, decreased bilateral wrist range of motion; Dupuytren's contracture at the right 3rd and 5th digits and the left 3rd digit; positive Phalen's test of both hands; positive straight leg raise test bilaterally; positive reverse sciatic stretch test; decreased motor strength with bilateral wrist dorsiflexion, and bilateral big toe dorsiflexion and plantarflexion. There was tenderness over bilateral knee medial and lateral joint lines, crepitus at the patellofemoral joint and tibial femoral joint of both knees, and pain and muscle spasm in the medial arc of both feet. The treatment to date has included NSAIDs, opioids, lumbar epidural steroid injections in July 2013, and left knee arthroscopic surgery in August 2013 with post-operative physical therapy. Utilization review from December 19, 2013 denied the requests for post-operative physical therapy 3 times a week for 4 weeks to the left knee as the patient has attended at least 18 sessions of physical therapy with no documentation regarding the benefits derived or significant deficits to warrant additional physical therapy; Ketoprofen 75mg #30; Omeprazole 20mg #30; Orphenadrine 100mg #60; Norco 5/325mg #60 and Medrox pain relief ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 Mg #30: 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 (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least September 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Ketoprofen 75mg #30 was not medically necessary.

**Post operative physical therapy 3x per week X 4 weeks to left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to California MTUS Post-Surgical Treatment Guidelines, recommended post-surgical treatment for meniscectomy is 12 visits over 12 weeks. The initial course of therapy means half of the number of visits in the general course of therapy. In this case, the initial course of therapy includes 6 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. This patient has been approved for 32 physical therapy visits, and has attended at least 18 sessions. There is no documentation indicating the objective functional benefits derived from these sessions, and of completion of all approved physical therapy sessions. Also, additional physical therapy sessions will exceed guideline recommendations, and there is no indication as to why the patient is unable to transition to a more independent exercise program. Therefore, the request for post-operative physical therapy 3x4 to the left knee was not medically necessary.

**Omeprazole 20 mg #30: 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 & Cardiovascular Risk Page(s): 68.

**Decision rationale:** According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation;

concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since at least September 2013. There is no documentation of the above-mentioned risk factors in this patient. Therefore, the request for Omeprazole 20mg #30 was not medically necessary.

**Orphenadrine 100 mg #60: 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 Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** As stated on California MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since at least September 2013. There is no documentation of acute exacerbations of pain symptoms, or significant muscle spasms to support the continued use of this medication. Also, this medication is not recommended for chronic use. Therefore, the request for Orphenadrine 100mg #60 was not medically necessary.

**Norco 5/325 #60: 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 Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on pages 78-82 of the California MTUS 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 2013. 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 for Norco 5/325mg #60 was not medically necessary.

**Medrox Pain Relief Ointment-Apply Twice Daily: 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 Capsaicin, topical ; Salicylate topicals ;Topical Analgesics Page(s): 28;105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

**Decision rationale:** An online search indicates that Medrox contains menthol 5%, Capsaicin 0.0375%, and Methyl Salicylate 20%. California MTUS chronic pain medical treatment guidelines page 111 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, California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states 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, 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 OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation regarding a failure of or intolerance to first-line pain medications. Also, there is no guideline evidence showing greater efficacy of the 0.0375% preparation of capsaicin. It is unclear as to why a topical versus an oral pain medication is necessary in this patient. Also, the requested quantity is not specified. Therefore, the request for Medrox pain relief ointment was not medically necessary.