

Case Number:	CM14-0104566		
Date Assigned:	08/08/2014	Date of Injury:	01/12/2012
Decision Date:	09/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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 injured worker is a 55-year-old female who reported an injury on 01/12/2012. The mechanism of injury was not submitted in documentation. The injured worker has diagnoses of right popliteal bursitis, right medial more than lateral meniscal injury and right Chondromalacia. The injured worker's medical treatment in the past consists of collagen injections, physical therapy and medication therapy. Medications include omeprazole 20 mg 1 capsule 2 times a day, Ultracet 3.25/37.5 mg 1 tablet every 4 to 6 hours, Flector patch 180 mg applied to clean dry skin and Celebrex 200 mg. MRI obtained 02/20/2014 of the lower extremities without contrast revealed a globular increased signal intensity in the posterior horn of the lateral meniscus. The medial and lateral meniscus had normal morphology. The anterior and posterior cruciate, medial and lateral collateral ligaments, distal quadriceps and patellar tendons were intact. There was no evidence of fracture, contusion or AVM. The MRI did reveal a grade 1 Chondromalacia involving the lateral patellar facet. The injured worker complained of right knee pain. She indicated that it was worse with weight bearing, pushing, climbing up more than down stairs, and squatting. There were no measurable pain levels documented with submitted report. Physical examination dated 05/28/2014 of the right knee revealed that the injured worker had full range of motion with moderate fullness and tenderness over the right popliteal bursa region. There was right medial more than lateral joint lines tender. The injured worker had a positive Boehler's sign with valgus stress with grade 1 instability and a positive patellar compression sign. The medical treatment plan for the injured worker consists of continuing with medications because the injured worker is not a candidate for surgery. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Diclofenac, topical (Flector, Pennsaid, Voltaren Gel); Flector patch (diclofenac epolamine); Diclofenac.

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

Decision rationale: The injured worker complained of right knee pain. She indicated that it was worse with weight bearing, pushing, climbing up more than down stairs, and squatting. There were no measurable pain levels documented with submitted report. The CA MTUS states that the efficacy of NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs such as Diclofenac, have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. The California Medical Treatment Utilization Schedule (MTUS) guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means]. Given the above, and the evidence in the submitted reports, the use of Flector 1.3% is not recommended. There was a lack of quantified evidence of effectiveness of the current medication the injured worker was taking. The efficacy is also questionable and there was no evidence of the injured worker having tried and failed any antidepressants or anticonvulsants. Furthermore, progress note revealed that the injured worker had been using Flector since at least 05/28/2014, exceeding the recommended guidelines. There was also no rationale as to why the injured worker would require a topical patch versus oral medications. The request did not specify a location of the medication, a duration or a frequency. As such, the request for Flector 1.3% patch is not medically necessary and appropriate.

Omeprazole 20mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (Omeprazole) Page(s): 68-69.

Decision rationale: The injured worker complained of right knee pain. She indicated that it was worse with weight bearing, pushing, climbing up more than down stairs, and squatting. There were no measurable pain levels documented with submitted report. The injured worker also complained of left shoulder pain, heaviness, numbness, and weakness that radiated to the hand with weakness. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any evidence as to how long the injured worker was using any NSAIDs and the efficacy of the medication. Furthermore, there was no documentation indicating that she had any complaints of dyspepsia with the use of medication, cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include a frequency and duration of the medication. As such, the request for omeprazole is not medically necessary and appropriate.

Celebrex 200mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); NSAIDs, gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (non-steroidal anti-inflammatory drugs) Celecoxib (Celebrex) Page(s): 70, 72-73.

Decision rationale: The injured worker complained of right knee pain. She indicated that it was worse with weight bearing, pushing, climbing up more than down stairs, and squatting. There were no measurable pain levels documented with submitted report. The California MTUS guidelines indicate that Celebrex is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Celecoxib (Celebrex) is the only available COX-2 in the [REDACTED]. No generic is available. As the guidelines state, Celebrex is recommended for relief of osteoarthritis, but it also states that it is recommended at its lowest effective dose and in shortest duration of time. Submitted prescription dated back to 03/25/2014, showed that the injured worker was taking Celebrex. Long term use of Celebrex in people has them at high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that Celebrex be given at its lowest effective dose, which is 200 mg a day (single dose or 100 mg twice a day), given that the request did not specify a dosage or a frequency, it exceeds the MTUS Guidelines. Furthermore, a duration was not submitted in the request. The efficacy of the medication was not provided to support the continuation. As such, the request for Celebrex is not medically necessary and appropriate.

Ultracet (Tramadol/Acetaminophen) 37.5/325mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; When to Discontinue Opioids. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), When to Discontinue Opioids, Pain Chapter, Tramadol/Acetaminophen (Ultracet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet Page(s): 78, 93-94.

Decision rationale: The injured worker complained of right knee pain. She indicated that it was worse with weight bearing, pushing, climbing up more than down stairs, and squatting. There were no measurable pain levels documented with submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that for any opioids such as, Ultram, the 4 A's must be followed for Ongoing Monitoring. These four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Side effects to include dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Also the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be in effect. Ultracet is indicated for moderate to severe pain. The recommended release formulation is a dose of 50 to 100mg PO every 4 to 6 hours. The recommended release formulation is a dose of 50 to 100 mg by mouth every 4 to 6 hours. Given the above guidelines, the injured worker was not within the MTUS Guidelines. There were no functional deficits noted in the report on the injured worker's knee. The report also lacked any urinalysis or drug screens showing that the injured worker was compliant with the MTUS Guidelines. The request, as submitted, also failed to list a frequency and a duration of the Ultracet. The submitted report lacked any quantified evidence of the 4 A's to include analgesia activities of daily living, adverse side effects, and aberrant drug taking behaviors. As such, the request for Ultracet is not medically necessary and appropriate.