MAXIMUS Federal Services

Case Number:	CM14-0155940		
Date Assigned:	09/25/2014	Date of Injury:	04/25/1997
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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 Illinois. 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 injured worker is a 59 year-old man who was injured at work on April 25, 1997. Office notes from March, April, May, June, July and August of 2014 are attached. The Aug 8, 2014 office visit stated the worker had 2/10 right knee pain and swelling worse with prolonged standing and walking, squatting and climbing who denies radicular symptoms in the lower extremities. He had limitations in his activities of daily living (ADLs) of about 60% with the pain and medications reduce his symptoms by 60%. Medications include Flurbiprofen topical, Hydrocodone, Omeprazole and Naproxen. Physical exam is notable for range of motion to 125 degrees, crepitus on flexion and extension and medial joint line tenderness. He has received treatment for chondromalacia patella and arthroscopic surgery for medial and lateral meniscus tears. Urine drug screens on March 3, 2014 and June 6, 2014 show no detection of any medications, which is not expected, considering the worker has been prescribed a Hydrocodone substance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro/APAP 10-325 mg, #60 4 week supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), Hydrocodone/Acetaminophen (APAP) is a short-acting opioid: also known as "normal-release" or "immediate-release opioids, seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is 3-4 hours. Hydrocodone has a recommended maximum dose of 60 mg in 24 hours. The tablet product dose is limited by the dosage of acetaminophen, which should not exceed 3,000 mg in 24 hours. The Food and Drug Administration (FDA) recommends combined formulations of opioids with acetaminophen have no more than 325 mg of acetaminophen per tablet. Under the Criteria for Use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Almost none of these criteria have been documented. In addition, an opioid contract is optional, but has not been furnished. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available either. Last, according to office notes from March, April, May, June, July and August of 2014, this injured worker has been prescribed Hydrocodone/Acetaminophen (APAP); however, her urine drug screens do not detect any opioids. The request is not medically necessary.

Naproxen 550 mg, #60 4 week supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is addressed for its analgesic/anti-inflammatory effects. It is recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. In the dose 550 mg orally (PO) twice daily, it can be increased to 1650 mg a day for limited periods. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days, except for limited periods. (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [OTC]) Generic available; extended-release (Naprelan) 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect

response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of Naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required, for up to 6 months. This injured worker has chondromalacia patella and has had meniscal tears, and has been on this medication for knee pain at least since March of 2014. There is no diagnosis of osteoarthritis. This request is not medically necessary.

Omeprazole 20 mg, #60 4 week supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk.

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

Decision rationale: According to the documentation, this injured worker has no history of gastrointestinal problems or no evidence of medication-induced gastro-esophageal reflux disease. Per the Medical Treatment Utilization Schedule (MTUS), injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drugs (NSAID) with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Therefore, omeprazole is not medically necessary.

Flurbiprofen cream 30 gm, 72 hour supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Per Medical Treatment Utilization Schedule (MTUS), if one drug (or drug class) in the compounded product is not recommended, then the entire compound is not recommended. Flurbiprofen cream is not addressed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory drugs (NSAIDs) 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 non-steroidal anti-inflammatory drugs (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. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). This injured worker has chondromalacia patella and has had meniscal tears, and has been on this

medication for knee pain at least since March of 2014. There is no diagnosis of osteoarthritis. This request is not medically necessary.

Flurbiprofen cream 120 gm, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Per Medical Treatment Utilization Schedule (MTUS), if one drug (or drug class) in the compounded product is not recommended, then the entire compound is not recommended. Flurbiprofen cream is not addressed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory drugs (NSAIDs) 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 non-steroidal anti-inflammatory drugs (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. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). This injured worker has chondromalacia patella and has had meniscal tears, and has been on this medication for knee pain at least since March of 2014. There is no diagnosis of osteoarthritis. This request is not medically necessary.