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| Case Number: | CM14-0158958 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 12/22/2011 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

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:

This patient is a 56 year old male with date of injury of 12/22/2011. A review of the medical records indicates that the patient is undergoing treatment for pain in right knee, right knee prepatellar bursitis, and right knee internal derangement. Subjective complaints include burning right knee pain and muscle spasms with pain rated 8/10 on 3/17/2014, 6/17/2014 and 9/9/2014. Pain is constant and patient also complains of numbness, tingling, and radiating to the foot (9/9/2014). The patient does not report gastrointestinal difficulties. No major sleep disturbances are reported. Objective findings include MRI dated 1/27/2014 revealing right knee prepatellar bursitis and right knee internal derangement. MRI of right knee dated 6/18/2012 indicated meniscal degeneration, but not indication of a tear. Right knee exam on 9/9/2014 revealed +2 tenderness to palpation over patella-femoral joint; range of motion flexion 90 degrees, extension -10 degrees. Exam on 8/5/2014 indicate decreased pin prick sensation to L4, L5, S1 dermatomes to right lower extremity. Treatment has included acupuncture - number of sessions and effectiveness not specified. Medications included Ketoprofen, Cyclobenzaprine; Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, Ketoprofen Cream; and Ibuprofen. There are no listings of anti-depressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream, 165 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Per MTUS and Official Disability Guidelines, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions." Ketoprofen is not recommended per guidelines. As such, the request for Ketoprofen 20% cream, 165 grams is not medically necessary.

Cyclobenzaprine 5% cream 100 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cyclobenzaprine 5% cream 100 grams is not medically necessary.

Tabradol 1 mg/ml oral suspension 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 93 - 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and UpToDate, Flexeril

Decision rationale: Trabadol is a brand name version of Cyclobenzaprine. MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate a date of injury of 12/22/2011, far in excess of the initial treatment window and period. Records do not indicate another acute on chronic injury. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" For Flexeril, UpToDate also states "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines (aims, benefits, adverse effects) above and do not establish the need for long term/chronic usage of Cyclobenzaprine. Official Disability Guidelines states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of Cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with Cyclobenzaprine, which Official Disability Guidelines recommends against. As such, the request for Tabradol 1 mg/ml oral suspension 250 ml is not medically necessary.

Deprizine 5 mg/ml oral suspension 250 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk; Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity

Decision rationale: Deprizine is the brand name version of ranitidine. Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient

has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. UpToDate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints". Additionally, UpToDate suggests that H2 antagonist at this dose is not useful for to prevent ulcers. As such, the request for Deprizine 5 mg/ml oral suspension 250 ml is not medically necessary.

Dicopanol 5 mg/ml oral suspension 150 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia

Decision rationale: Dicopanol is a brand name version of diphenhydramine. MTUS is silent on the use of diphenhydramine. Official Disability Guidelines discusses the use of diphenhydramine as an over the counter sleep aid in the chronic pain segment. For insomnia Official Disability Guidelines recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Official Disability Guidelines recommends that, "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." Medical records do not indicate the specific components of insomnia have been address or detailed (Sleep onset; Sleep maintenance; Sleep quality; Next-day functioning. Additionally, medical records do not indicate a careful evaluation of potential causes of the patient's sleep disturbance, which is necessary per guidelines. As such, the request for Dicopanol 5 mg/ml oral suspension 150 ml is not medically necessary.

Fanatrex 25 mg/ml oral suspension 420 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. Official Disability Guidelines states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, Official Disability Guidelines states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". The treating physician does document radiculopathy and neuropathy pain to the right lower extremity, of which gabapentin is a first line treatment. However, there is no rationale in the medical records to substantiate a compound oral medication, such as difficulty swallowing or in ability to take first line oral medication. As such, the request for Fanatrex 25 mg/ml oral suspension 420 ml is not medically necessary.

Electromyogram (EMG) of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Official Disability Guidelines states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The medical records indicate approval for right lower extremity EMG has been granted. Medical records do not indicate symptoms of radiculopathy of the left lower extremity, which is the decision in question. As such the request for Electromyogram (EMG) of the left lower extremity is not medically necessary.

Nerve conduction velocity (NCV) of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: MTUS ACOEM guidelines states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." Official Disability Guidelines further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical records indicate approval for right lower extremity EMG has been granted. Medical records do not indicate symptoms of radiculopathy of the left lower extremity, which is the decision in question. Official Disability Guidelines does not recommend NCS. Since EMG of left lower extremity is not indicated and NCS is not recommended by guidelines, the request for Nerve conduction velocity (NCV) of the left lower extremity is not medically necessary.

MR Arthrogram of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography, Meniscus Knee Disorders

Decision rationale: ACOEM recommends arthrography for identifying and defining knee injuries involving meniscus tears, ligament tear, but is not recommended for ligament strain, patella-femoral syndrome, tendinitis, regional pain, and pre-patellar bursitis. Medical records do indicate meniscal degeneration and patellar bursitis. MRI dated 1/2014 states that a tear could not be completely excluded, but that clinically correlation is recommended. The treating physician does not what clinical details would indicate meniscus or ligamentous tear. Official Disability Guidelines also state that MR arthrography is recommended as a "post-operative option to help diagnose a suspected residual or recurrent tear". The medical evidence provided does not document a suspected residual or recurrent tear. As such, the request for MR Arthrogram of the right knee is not medically necessary.

Acupuncture for the right knee, three times weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical records do not indicate that pain medication has been reduced or not tolerated. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Official Disability Guidelines states regarding acupuncture for Knee and Leg, "recommended as an option for osteoarthritis, but benefits are limited." Records do not indicate that the acupuncture would be used for osteoarthritis purposes. Official Disability Guidelines additionally quantifies its recommendations: -Initial trial of 3-4 visits over 2 weeks. -With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The patient has had an unspecified number of acupuncture sessions to the knee already. The medical documents did not show evidence of objective functional improvement did not change over time. The treating physician does not detail other extenuating circumstances that would warrant extension of acupuncture. As such, the request for Acupuncture for the right knee, three times weekly for six weeks is not medically necessary.

Right knee sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: ACOEM states a knee sleeve as a possible treatment option for Patellofemoral Syndrome. MTUS and Official Disability Guidelines are silent specifically regarding knee sleeve. The patient has been diagnosed with prepatellar bursitis and not patellofemoral syndrome. While the medical records document right knee pain, it does not substantiate patellar instability. As such, the request for a right knee sleeve is not medically necessary.

Plasma rich protein for the right knee, three sets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Platelet-rich plasma (PRP)

Decision rationale: Official Disability Guidelines states that PRP for the knee is "under study" and "Further clarification of indications and time frame is also needed. See also the Elbow

Chapter. PRP looks promising, but it is not yet ready for prime time." Under the Elbow Chapter, Official Disability Guidelines states "Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below". The number and effectiveness of physical therapy sessions are not specified in the medical files. Additionally, Official Disability Guidelines states PPRP for the knee is still under investigation. As such, the request for Plasma rich protein for the right knee, three sets is not medically necessary.