

Case Number:	CM14-0174401		
Date Assigned:	10/27/2014	Date of Injury:	04/12/2014
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old woman who sustained a work-related injury on April 12, 2014. Subsequently, she developed chronic right knee pain. MRI of the right knee without contrast performed on April 23, 2014 revealed the evidence of a slightly complex tear of the posterior horn and body of the lateral meniscus. Much of the tear has a somewhat globular configuration extending to superior and inferior surfaces. There is also a small radial tear near the apex. Findings suggest a partially flipped fragment of the posterior horn. ACL and PCL are intact. MCL appears normal. There is some slight edema near the origin of the fibular collateral ligament, but no evidence of any significant disruption. Prior treatments have included medications, antispasmodic trials, TENS, and physical therapy. In a follow-up report dated September 23, 2014, the patient rated her knee pain as a 7/10. She complained of decline in tolerance to a variety of activity involving right knee. She complained of spasm of the right calf musculature as well. Physical examination revealed right knee range of motion 0-120 degrees. Painful patellofemoral crepitation range of motion. No patellar instability. Negative Lachman. Negative anterior drawer, posterior drawer. Positive McMurray's medial and lateral. Minimal swelling. Positive tenderness over the medial and lateral joint lines. No signs of infection. The patient was diagnosed with right knee medial and lateral meniscus tears and right knee chondromalacia patella. The provider requested authorization for TENS unit, Naproxen, Pantoprazole, Cyclobenzaprine, and Urine Drug Screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial (x 30 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): TENS (transcutaneous electrical nerve stimulation) Unit

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit trial (x 30 days) is not medically necessary.

Naproxen 550mg #90 p.o. tid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 72.

Decision rationale: Naproxen (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 Naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or Naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higheranalgesia is required). Pain: Naprosyn or Naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release Naprelan is not recommended due to delay in absorption. (Naprelan Package Insert)There is no documentation of the rational behind using Naproxen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not

limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of Naproxen. Therefore, the request for Naproxen 550mg #90 p.o. tid is not medically necessary.

Pantoprazole 20mg #90 one p.o. tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore, the prescription of Pantoprazole 20mg, #90 is not medically necessary.

Cyclobenzaprine 7.5mg #90 one p.o. tid: 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 Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no recent evidence of spasm. Therefore, the request for Cyclobenzaprine tablets 7.5mg #90 tid is not medically necessary.

Random tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction: <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting UDS test. Therefore, the Random Tox Screen is not medically necessary.