

<b>Case Number:</b>	CM14-0176362		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Family 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 is 56-year-old male patient who reported an industrial injury on 7/15/2009, over five (5) years ago, attributed to the performance of his usual and customary job tasks. The patient complained of persistent bilateral knee pain status post left knee arthroscopic meniscectomy times 2. The patient subsequently underwent left knee TKA on 11/26/2012. The patient reports persistent knee pain and uses a cane for ambulation. Patient is documented to be taking Metformin; the lauded Celebrex MS SR; Promolaxin; and Omeprazole. The objective findings on examination included motor examination is 5+ and equal in regards to the lower extremities; documented range of motion of the right knee; swollen left anterior knee; left knee vertical incision healing well. Electrodiagnostic studies documented evidence of a left L5-S1 peroneal motor neuropraxia and left saphenous nerve sensory neuropraxia. The diagnoses included bilateral knee pain; internal derangement knee; osteoarthritis of knee; long-term use of medications; and drug monitoring. The treatment plan included tapering of MS SR; Ketoprofen cream 20% to decreased use of oral NSAIDs; Senna 400; continue Sentra a.m./p.m., Theramine; Omeprazole 20 mg #30 for reported NSAID induced gastritis; urine drug screen; and trial of Cidaflex TID number 90 for joint pain with glucosamine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--medications for chronic pain; NSAIDs

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Celebrex which is a COX I inhibitor. The COX I inhibitor does not cause erosion of the stomach lining and would not induce gastritis. The chronic prescription of proton pump inhibitors is noted to lead to osteoporosis and decreased magnesium levels. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be taking Diclofenac; however, there were no documented GI risks for this patient. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. The prescription for Omeprazole 20 mg #30 concurrently with the prescription for Celebrex is not demonstrated to be medically necessary.

**Ketoprofen Cream 120 mg #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs Page(s): 111-113;22,67-68,71. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-15 and on the Official Disability Guidelines (ODG) Pain Chapter topical analgesics; NSAIDs

**Decision rationale:** The topical NSAID, Ketoprofen 20% cream 120 g #2, is not medically necessary in addition to prescribed oral NSAIDs. The patient has been prescribed topical ketoprofen 100% cream for chronic pain. The patient has received topical NSAID cream for a prolonged period of time exceeding the time period recommended by evidence-based guidelines.

There is no demonstrated medical necessity for both an oral NSAID and a topical NSAID. There is no provided subjective or objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no documented functional improvement by the provider attributed to the topical NSAID. The prolonged use of topical Ketoprofen 20% cream 120 grams times 2 is not supported by the applicable evidence-based guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be medically necessary. The prescribed topical ketoprofen 20% cream is not demonstrated to be medically necessary.

**Medrox Cream 20% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 128, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded

**Decision rationale:** The prescription for Medrox cream (methyl salicylate, menthol, and capsaicin) #30 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS and the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of the topical ointment does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams/patches on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Medrox cream (methyl salicylate, menthol, and capsaicin) #30 is not supported by the applicable CA MTUS and ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury.

**Senna 400 mg bid #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pages 114-16 Official Disability Guidelines (ODG) Pain chapter opioids

**Decision rationale:** The prescription of Senna is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient is not demonstrated to have constipation as a side effect of opioid analgesics. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Senna stool softener was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Senna is demonstrated to be medically necessary with the use of opioids; however, if the opioid analgesics were to be titrated down and off, which would relieve the cited constipation due to opioids. Senna is not medically necessary for the treatment of constipation per month over the available diet, exercise, and OTC remedies. The provider prescribed opioids that may lead to constipation for which Senna was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There is no demonstrated medical necessity for the prescribed Senna over the discontinuation of the prescribed opioid analgesics.