MAXIMUS Federal Services

Case Number:	CM14-0182637		
Date Assigned:	11/07/2014	Date of Injury:	07/06/2010
Decision Date:	12/26/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 49 year old female with an injury date on 07/05/2010. Based on the 09/30/2014 progress report provided by the treating physician, the diagnoses are: 1. Current tear of medial cartilage and/or meniscus of left knee. 2. Medial epicondylitis. 3. Fibromyositis. 4. Chronic pain syndrome. 5. Psychophysiological disorder. 6. Shoulder joint pain. According to this report, the patient complains of joint swelling, tenderness and stiffness of the left knee joint. Exam findings show activities involving weight bearing and bending on the left knee are aggravating factors. Headaches, depression, and anxiety are noted in the record. There were no other significant findings noted on this report. The utilization review denied the request on 10/09/14. The requesting provider provided treatment reports from 04/21/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg Day supply: 30, Qty: 60, Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 09/30/14 report by the treating physician, this patient presents with left knee pain. The treater is requesting for Omeprazole 20 mg #60 with 3 refills and this medication was first noted in this report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)."MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Review of reports show that the patient is currently on Ketoprofen and has gastrointestinal side effects with medication use. But the treater does not mention if the patient is struggling with GI complaints and why the medication was prescribed. Per 04/21/2014 record, the treating physician mentions patient has "medical history of GERD." However, gastrointestinal symptoms are denied on the exam. In this case, the treater fails to mention of GI symptoms that this patient is struggling with. It is not known why this medication is being prescribed as there is no documentation of GI complaints. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Recommendation is for denial.

Escitalopram tab 10mg, Day supply: 30, Qty: 30, Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, (Benzodiazepines)

Decision rationale: According to the 09/30/14 report by the treating physician, this patient presents with left knee pain. The treater is requesting for Escitalopram 10 mg #30 with 3 refills. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. ODG states "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist." Review of reports show the patient has not been prescribed to this medication before. In this case, the request is for Escitalopram 10mg #30 with 3 refills, but the treater does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The treater does not mention that this is for a short-term use. Recommendation is for denial.

Lidocaine pad 5%. Day supploy: 30, Qty: 30, Refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches Page(s): 56-57.

Decision rationale: According to the 09/30/14 report by the treating physician, this patient presents with left knee pain. The treater is requesting for Lidocaine pad 5% #30 with 3 refills. Lidoderm patch was first mentioned in the 04/21/14 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsions have failed. Review of reports show the patient has knee pain but this is not neuropathic. The treater mentions that "Lidoderm patch is helpful" but the guidelines do not support use of Lidoderm patches unless there is neuropathic pain that is peripheral and localized. Recommendation is for denial.