

Case Number:	CM14-0021629		
Date Assigned:	05/05/2014	Date of Injury:	12/21/2000
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The patient is a 66-year-old female who has filed a claim for internal derangement of the bilateral knees associated with an industrial injury date of December 21, 2000. Review of progress notes indicates bilateral knee pain, more on the left, with swelling. Findings of bilateral knees include effusion, positive McMurray's test, and tenderness over the posterior ligament line. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, sedatives, knee bracing, injections to the right knee, platelet-rich plasma injections, and right and left knee surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN AUTOLOGOUS STEM CELL INJECTIONS TO BILATERAL KNEES:

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) Knee and Leg Section, Stem Cell Autologous Transplantation.

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 Section, Stem Cell Autologous Transplantation.

Decision rationale: The Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that stem cell autologous transplantation is under study for severe arthritis, including knee arthritis. Adult stem cells are harvested from many areas of the body; including the bone marrow, fat and peripheral blood, and they are purified and reintroduced back in the patient. This treatment is not FDA approved in the U.S. In this case, there is lack of guideline evidence to support this request. There is no indication that there is failure of conventional therapies for the patient's knee condition. Therefore, the request for unknown autologous stem cell injections to bilateral knees was not medically necessary.

PRESCRIPTION OF TOPICAL COMPOUNDED CYCLOBENZAPRINE 10%, TRAMADOL 10%, 15GM, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, COMPOUNDED.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Topical Analgesics Page(s): 93-94, 111-113.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine has no evidence for use as a topical product. Tramadol is indicated for moderate to severe pain. There is no discussion regarding topical application of tramadol. Also, there is no indication that there is failure of or intolerance to conventional therapies for the patient's knee condition. Therefore, the request for topical compounded cyclobenzaprine 10% tramadol 10% 15gm was not medically necessary.

PRESCRIPTION OF ALPRAZOLAM XR 1MG, #60 DOS: 1/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since October 2013. There is no recent documentation of anxiety or significant muscle spasms to support this use. Also, this medication is not recommended for chronic use. Therefore, the request for alprazolam XR 1mg #60 (DOS 1/20/2014) was not medically necessary.

PRESCRIPTION OF OMEPRAZOLE 20MG, #90 DOS: 1/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, there is no documentation that the patient is on NSAID therapy, or of upper GI conditions, to support this request. Therefore, the request for omeprazole 20mg #90 (DOS 1/20/2014) was not medically necessary.

PRESCRIPTION OF QUAZEPAM 15MG, #60 DOS: 1/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is no documentation as to whether this patient has been started on this medication. There is also no documentation of anxiety or significant muscle spasms, or a specific indication for this request. Therefore, the request for quazepam 15mg #60 (DOS 1/20/2014) was not medically necessary.