MAXIMUS Federal Services

Case Number:	CM14-0025589		
Date Assigned:	06/20/2014	Date of Injury:	06/15/2004
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 injured worker is a 69-year-old female with a reported date of injury on 06/15/2004. The mechanism of injury was not submitted for the medical records. Her diagnoses were noted to include a complex meniscal tear and compression deformity of the anterior aspect of the medial femoral condyle of the right knee, possible patellar instability, and status post meniscectomy. Her previous treatments were noted to include medication, home exercise program, and surgery. The progress note dated 02/17/2014 noted the injured worker complained of aching and decreased range of motion to the knee. The injured worker indicated bending worsened the condition and described the pain as aching, burning, constant, radiating, and shooting at 1/10 to 2/10. The progress report noted the injured worker had been not taking the Inderal or Norco due to the benefit of Cymbalta and Wellbutrin along with the omeprazole and over-the-counter anti-inflammatories. The medication regimen was noted to include Caltrate 600 with D, Cymbalta 60 mg, Fluticasone 50 mcg nasal spray, glucosamine, Inderal 20 mg at bedtime, Lisinopril 20 mg daily, Norco 10/325 mg as needed, omega III polyunsaturated fatty acid, omeprazole 20 mg 1 daily, Pennsaid 1.5 solution apply 40 drops to affected area 4 times a day, simvastatin 20 mg daily, Spiriva inhaler 18 mcg, and Wellbutrin 150 mg 3 times a day. The injured worker did complain of heartburn and stomach problems, as well as headache, difficulty walking, leg pain, joint or musculoskeletal symptoms, difficulty getting out of a chair, and difficulty/limited exercise due to back pain. The physical examination reported muscle strength was rated 5/5 and the right knee showed tenderness to palpation of the medial joint line. The provider reported there was no obvious ballotable patella or ecchymosis. There was effusion and primarily medially directed and a decreased range of motion with extension at 165 degrees and flexion at 110 degrees. There was no crepitus noted with flexion. The request for authorization form dated 06/18/2014 was for omeprazole 20 mg 1 daily #30 with 3 refills due to stomach problems. The

request for authorization form dated 06/18/2014 was for Inderal 20 mg 1 at bedtime #30 with 3 refills; the provider's rationale was not submitted within the medical records. The request for authorization form for Pennsaid 1.5% and a retrospective urine drug screen was not submitted within the medical records. The request for 1.5% of Pennsaid and the retrospective urine drug screen provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 20MG #120: 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), Diabetes, Hypertension treatment.

Decision rationale: The request for Inderal 20 mg #120 is non-certified. The injured worker was not diagnosed with hypertension. The Official Disability Guidelines recommend that blood pressure in diabetics is to be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. The guidelines state therapeutic recommendations for hypertension should include lifestyle modification to include a dietary approach to stop hypertension diet, specifically reduce salt intake, physical activity, and as needed, consultation with a registered dietitian. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. Initially, in antihypertensive agents are selected on the basis of their ability to reduce blood pressure and to prevent the slow progression of neuropathy and retinopathy; angiotensin-converting enzyme inhibitors, or angiotensin II receptor blockers are considered the preferred choice in patients with diabetes mellitus. The guidelines also state Inderal is a first-line forth edition beta blockers. Hypertension was not listed as a diagnosis and there is documentation of elevated blood pressure but not diabetes mellitus. Additionally, the request failed to provide the frequency in which this medication is to be utilized. Therefore, the request is non-certified.

Omeprazole 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The request for omeprazole 20 mg #120 is non-certified. The injured worker has been taking omeprazole since 08/2013. The California Chronic Pain Medical Treatment Guidelines state that to determine if the patient is at risk for gastrointestinal events

while taking NSAIDs by age over 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker utilizing NSAIDs according to the most recent medication list; therefore, omeprazole is not warranted at this time. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is non-certified.

1 - Pennsaid 1.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Pennsaid 1.5% is non-certified. The injured worker has been taking this medication since at least 08/2013. Pennsaid is the brand name of diclofenac solution. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The guidelines state Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The guidelines recommend a 1% formulation of diclofenac and Pennsaid consists of 1.5% which exceeds guidelines. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Therefore, due to the 1.5% formulation which exceeds the guidelines and a lack of documentation in regard to osteoarthritis in the knee, Pennsaid 1.5% is not warranted at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.

1- Retrospective urine drug screen (DOS 2/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, On-going Management Page(s): 43 and 78.

Decision rationale: The request for a retrospective urine drug screen from 02/17/2014 is non-certified. The injured worker has reported she is not taking the Norco because the Cymbalta and Wellbutrin were working well for her. The California Chronic Pain Medical Treatment Guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. It is recommended as an option to assess for the use or the presence of illegal drugs. The injured worker had a urine drug screen in 10/2013 which was

inconsistent with therapy. The injured worker stated she was not taking the Norco because the Cymbalta and Wellbutrin were working better for her. Therefore, due to the injured worker not taking the Norco the need for a urine drug screen is not warranted at this time. As such, the request is non-certified.