

Case Number:	CM14-0027450		
Date Assigned:	06/13/2014	Date of Injury:	08/10/2007
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 represented [REDACTED] employee who has filed a claim for chronic shoulder pain and chronic knee pain reportedly associated with an industrial injury of August 10, 2007. Thus far, the patient has been treated with the following: Earlier left shoulder surgery; bilateral knee arthroscopies; analgesic medications; transfer of care to and from various providers in various specialties; and visco-supplementation injections. In a Utilization Review Report dated February 20, 2014, the claims administrator retrospectively denied a request for Synvisc injections apparently performed on November 30, 2010, retrospectively denied a request for Docusate or Colace on multiple dates of service, retrospectively denied a request for menthol in Aloe Vera cream on multiple dates, retrospectively denied a request for omeprazole on multiple dates, and retrospectively denied a request for Tramadol-acetaminophen on multiple dates. The claims administrator did cite a variety of non-MTUS Guidelines, including non-MTUS-ODG Guidelines on Synvisc Injections and ODG Guidelines on Topical Compounds. The patient's attorney subsequently appealed. A December 17, 2013 progress note was notable for comments that the patient had multifocal pain complaints. The patient has apparently developed diabetes and was trying to make associated lifestyle changes, it was stated. Full, painless shoulder range of motion was noted. The patient was asked to obtain refills of Tramadol, a stool softener, omeprazole, and Polar Frost cream. The patient's work status was not detailed. The patient's medication efficacy was likewise not clearly detailed. On October 8, 2013, the patient was again described as reporting multifocal knee and shoulder pain complaints. It was stated that the patient apparently had advanced knee arthritis and was possibly a candidate for a total knee arthroplasty in the future. It was stated that the patient had had several injections over the course of the claim. In an earlier note of July 23, 2013, it was again stated that the

patient was using Tramadol, omeprazole, a stool softener, and Polar Frost cream. The patient was described as permanent and stationary at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 11/30/2010) SYNVISIC ONE SYRINGE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Injections.

Decision rationale: The MTUS does not address the topic of visco-supplementation injections such as the Synvisc injections which apparently transpired here. As noted in the Third Edition ACOEM Guidelines Knee Chapter, intra-articular visco-supplementation injections such as the Synvisc injection in question are recommended in the treatment of moderate-to-severe knee arthritis. In this case, while the actual progress note dated November 30, 2010 was not incorporated into the Independent Medical Review packet, incidental comments made by the attending provider to the fact that the patient is a candidate for total knee arthroplasty implies that the patient, in fact, does have moderate-to-severe knee arthritis for which visco-supplementation injections were indicated. Therefore, the request was medically necessary.

RETROSPECTIVE (DOS 9/17/2013, 10/29/2013, 11/26/2013, 12/23/2013) DOC-Q-LACE: Overturned

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

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in patients who are using opioids. In this case, the patient was/is using a synthetic opioid, Tramadol, on or around the dates in question. Concurrent provision of a laxative, Doc-Q-Lace, was therefore, indicated. Accordingly, the request was medically necessary.

RETROSPECTIVE (DOS 9/17/2013, 10/29/2013, 11/26/2013, 12/23/2013) ALOE VERA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111, Topical Analgesics topic. Page(s): 7, 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the attending provider has not furnished any compelling rationale or narrative which would support usage of the Aloe Vera gel in question. No rationale was attached to the request for authorization. The attending provider has not incorporated any discussion of medication efficacy into multiple requests for the Aloe Vera gel in question. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to incorporate discussion of medication efficacy into his choice of recommendations. Therefore, the request for Aloe Vera gel on the dates in question was not medically necessary.

RETROSPECTIVE (DOS 9/17/2013, 10/29/2013, 11/26/2013, 12/23/2013) OMEPRAZOLE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file did not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced and stand-alone, for which ongoing usage of omeprazole was indicated. Therefore, the request was not medically necessary.

RETROSPECTIVE (DOS 9/17/2013, 10/29/2013, 11/26/2013, 12/23/2013) TRAMADOL-ACETAMINOPHEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioid topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, while some of attending provider's progress notes somewhat incompletely suggested that the applicant was doing well with tramadol-acetaminophen, there was no specific mention of any improvements in terms of performance of activities of daily living. There is no mention of the applicant's work status. The applicant's work and functional status were not detailed on any recent progress notes provided. On balance then, it does not appear that the criteria set forth on

page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request was not medically necessary.