

Case Number:	CM14-0060779		
Date Assigned:	07/09/2014	Date of Injury:	05/07/2011
Decision Date:	08/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation 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 53-year-old male who reported an injury on 05/07/2011. The injury reported was when the injured worker stood up from a kneeling position and felt pain in both of his knees. The diagnoses included bilateral knee pain, right knee degenerative joint disease and left knee medial meniscal tear. Previous treatments include an x-ray, MRI, surgery, and medications. Within the clinical note dated 04/04/2014, it was reported the injured worker complained of bilateral knee pain. The injured worker reported running out of medications. He rated his pain 6/10 to 7/10 in severity without medications. On the physical examination, the provider noted the injured worker had mild joint effusion in both knees. The provider indicated there was crepitus in both knees, right greater than left. The provider reported the injured worker had no instability in the right knee. Range of motion of the right knee was at 0 degrees to 110 degrees, and left knee was 0 degrees to 110 degrees. The provider requested Omeprazole and Terocin. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: 60 Capsules of Omeprazole 20mg (DOS: 04/04/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker complained of bilateral knee pain. He rated his pain 6/10 to 7/10 in severity without medications. The injured worker reported running out of medication. The California MTUS Guidelines note proton pump inhibitors such as Omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcers, gastrointestinal bleeding, or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since March 2014. The request submitted failed to provide the frequency of the medication. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

RETRO: 1 Bottle of Terocin 120ml (DOS: 04/04/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-113.

Decision rationale: The injured worker complained of bilateral knee pain. He rated his pain 6/10 to 7/10 in severity without medications. The injured worker reported running out of medication. The California MTUS Guidelines note that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 weeks to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Terocin contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available in 0.025% formulation. There is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of first line therapy. Topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the injured worker was diagnosed with, or had signs and symptoms of, osteoarthritis or neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since March 2014. There is a lack of documentation

indicating the injured worker was not responding or intolerant to other medications. Therefore, the request is not medically necessary.