

Case Number:	CM14-0060991		
Date Assigned:	08/08/2014	Date of Injury:	05/03/2006
Decision Date:	09/24/2014	UR Denial Date:	04/28/2014
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 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:

This is a 59-year-old male who has reported low back and lower extremity pain after an injury on May 3, 2006. Diagnoses have included discopathy, arthropathy, knee osteoarthritis, tendinitis, depression, and other internal medicine conditions. Orthopedic treatment has included medications, acupuncture, physical therapy, right knee replacement, and injections. Per the 4/28/14 Utilization Review report, on 5/16/11 Utilization Review certified 6 visits of acupuncture, with no subsequent evidence of functional improvement. Per the record review of the AME on 2/5/14, serial visits with the primary treating physician in 2011 show ongoing multifocal pain, extensive use of medical resources, no change in pain or function, and long term "temporarily totally disabled" work status. The primary treating physician stated, per the report of 9/13/11, that all conservative treatment has failed and that surgery is recommended. Per the May 12, 2014 report from the primary treating physician, the injured worker had acupuncture in 2011, which was "beneficial to his symptoms." No specific functional improvement was described. On 3/18/14, the injured worker had ongoing low back and right leg symptoms and signs. On this date, the injured worker reportedly had a "sore throat, change in bowel habits, and rectal bleeding." These symptoms are stated to be the rationale for prescribing omeprazole, as well as for gastrointestinal prophylaxis while taking NSAIDs. On 4/15/14, the injured worker had ongoing low back and extremity symptoms. He was using a hinged knee brace for the right knee. The brace was reportedly necessary to provide stability for the knee and allow activities of daily living, (although there was no return to work). No evidence of specific instability was described. The medications were stated to be necessary for chronic pain, although specific benefit with functional improvement was not described. On April 28,

2014, Utilization Review non-certified the items now appealed for Independent Medical Review. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Acupuncture sessions lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines . 9792.20 - 9792.26 MTUS (Effective July 18, 2009).

Decision rationale: The Expert Reviewer's decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement. An initial course of acupuncture is 3-6 visits per the MTUS. 6 visits were completed in 2011. The medical records show no evidence of any specific benefit, and no functional improvement after completing those visits. The treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The treating physician has referred to improvements in function, but has not provided specific measures of any function. Improvement must be "clinically significant." The injured worker remained on "temporarily totally disabled" status, which is such a profound degree of disability that the injured worker was largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. There is no evidence of a reduction in the dependency on continued medical treatment. Office visits continued at the same frequency. Medications were continued. The treating physician recommended more intensive treatment, including referrals and surgery. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS therefore, this request is not medically necessary.

Right knee Pro-Hinged brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340,346.

Decision rationale: The Expert Reviewer's decision rationale: Per the MTUS cited above, a knee brace can be used for "patellar instability, ACL tear, or MCL instability, although its benefits may be more related to increasing the patient's confidence than strictly medical. A brace would usually be needed if the patient will be stressing the knee under load, such as climbing or carrying. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." "Prophylactic bracing" is not recommended. This injured worker has been given a brace without evidence of the conditions

listed in the MTUS, and there is no evidence of any specific knee stresses such as climbing and carrying, given the "temporarily totally disabled" work status. There is no instability documented, and if there were to be instability in the prosthesis, further evaluation would be required rather than dispensing a knee brace of uncertain benefit. The treating physician has not adequately established that the brace is medically necessary, and the recommendations of the MTUS have not been met therefore, this request is not medically necessary.

Fluriflex cream 180gm: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Fluriflex is Flurbiprofen/Cyclobenzaprine 15/10%. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. This injured worker is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious therefore, this request is not medically necessary.

TGice cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: The Expert Reviewer's decision rationale: TGice cream is Tramadol-Gabapentin-Menthol-Camphor-Capsaicin, per the primary treating physician report. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. There is no good evidence in support of topical Tramadol; the treating physician is already prescribing oral Tramadol, which is redundant and

possibly toxic. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS therefore, this request is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page 68, NSAIDs for Back Pain - Acute exacerbations of chronic pain Page 68, Back Pain - Chronic low back pain Page 70, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

Decision rationale: The Expert Reviewer's decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The patient remained on "temporarily totally disabled" work status while prescribed NSAIDs, indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment. None of the kinds of functional improvement discussed in the MTUS are evident. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. NSAIDs have been prescribed/dispensed chronically to this injured worker. The treating physician is prescribing both oral and topical NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Naproxen is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, redundant prescribing of NSAIDs, and prescription not in accordance with the MTUS and the FDA warnings therefore, this request is not medically necessary.

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms & cardiovascular risk.

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

Decision rationale: The Expert Reviewer's decision rationale: There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen by the prescribing physician. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The treating physician stated that omeprazole was given for a sore throat, an unspecified change in bowel habits, and rectal bleeding. None of these symptoms are indications for omeprazole, which is for acid disorders of the upper gastrointestinal tract. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity therefore, this request is not medically necessary.