

Case Number:	CM14-0073812		
Date Assigned:	07/16/2014	Date of Injury:	08/10/2004
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Illinois. 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 76 year old male with a date of injury of August 10, 2004. He complains of constant back pain with radiation to the upper extremities. This pain is accompanied by numbness and tingling. The injured worker rates this pain an 8/10 on a pain scale. He also has frequent right knee pain and frequent right ankle pain. The injured worker has limited lumbar spine range of motion and he had a positive straight leg raise test on the right. The injured worker had surgery on his right knee for internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #6 (04/25/2014 - 06/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors Official Disability Guidelines (ODG) Pain Chapter, GI Symptoms and Cardiovascular Risk.

Decision rationale: Omeprazole is recommended for injured worker's on nonsteroidal antiinflammatory drugs at risk for gastrointestinal events. Because of his age, which is older than

65 years, this worker is at risk. Per the office visit note of Sept 9, 2013, the worker denied cardiovascular conditions. The injured worker does not have cardiovascular disease. In general, the use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. According to the Medical Treatment Utilization Schedule, those at intermediate risk for gastrointestinal events and no cardiovascular disease are: (1) A non-selective nonsteroidal antiinflammatory drug with either a proton pump inhibitor; for example, Omeprazole (20 mg daily), Misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term proton pump inhibitor use (more than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Therefore, the request is not medically necessary. Because the injured worker is older than 65 years of age, he is at risk.

Menthoderm Gel #240 (04/25/2014 - 06/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics Page(s): 105,111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics and Salicylate Topicals.

Decision rationale: Menthoderm gel is a combination of methyl salicylate (15%) and menthol (10%). Salicylate topicals are recommended as an option but menthol is not addressed in peer-reviewed, evidence-based clinical guidelines. Any compounded product that contains at least one drug (or drug class) that is not recommended is not medically necessary. Therefore, the request is not medically necessary.

Norco 10/325mg #120 (04/25/2014 - 06/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) ; Opioids Page(s): 51,74. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Hydrocodone Official Disability Guidelines (ODG) Chronic Pain, Hydrocodone/Acetaminophen Official Disability Guidelines (ODG) Chronic Pain, Opioids.

Decision rationale: Norco consists of acetaminophen/hydrocodone and is an opioid analgesic (hydrocodone) combined with acetaminophen. It is indicated for moderate to moderately severe pain. It can be habit-forming and is indicated for short-term use for pain that is not responding to lower level analgesics. Under the Medical Treatment Utilization Schedule Criteria for Use of Opioids: A therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. The injured worker shows improvement on non-opiate medications. Therefore, the request is not medically necessary.

Soma 350mg #60 (04/25/2014 - 06/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) ;Muscle relaxants (for pain) Page(s): 29,63-64.

Decision rationale: Carisoprodol (Soma) is a skeletal muscle relaxant indicated in muscle spasm and tightness. This medication is not recommended in the treatment of acute or chronic musculoskeletal problems. Long term use (more than 3 weeks) of Carisoprodol is not recommended due to potential for dependence and/or abuse as well as lack of evidence of effectiveness. This injured worker does not have evidence of muscle spasm and tightness. Therefore, this medication is not indicated and the request is not medically necessary.

Orthopedic Evaluation for the Right Knee (04/25/2014 - 06/24/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 329-330. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Office visits.

Decision rationale: The injured worker has continued pain after a right knee replacement. He has a positive medial stress test, lateral stress test, McMurray's test, and Lachman's test. These are not normal findings, particularly after a definitive surgery. According to the Medical Treatment Utilization Schedule, identification of red flags may indicate the presence of serious underlying medical conditions. In the absence of red flags, work-related knee complaints can be managed safely and effectively by occupational or primary care providers. According to Official Disability guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This worker has continued symptoms of impairment with positive clinical testing and positive physical exam signs. Therefore, medical necessity has been shown and the request is medically necessary. He has a positive medial stress test, lateral stress test, McMurray's test, and Lachman's test. These are not normal findings, particularly after a definitive surgery. Therefore, specialty care is required.