

<b>Case Number:</b>	CM14-0075124		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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, has a subspecialty in Interventional Spine 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 60 year old with an injury date on 6/16/05. Patient complains of continuing right knee pain per 5/5/14 report. Patient had injections of lidocaine, Marcaine, and Kenalog that dramatically relieved pain temporarily, but no post-operative therapy per 4/14/14 report. Based on the 4/7/14 progress report provided by [REDACTED] the diagnoses are: 1. right knee arthritis 2. right knee medial/lateral meniscectomies Exam on 4/7/14 showed "right knee has noticeable swelling, most pronounced at prepatellar region. Pain with palpation at prepatellar region, medial joint line and with patellofemoral compression. There is knee effusion approximately 1+, pain with direct palpation at medial/lateral joint lines, range of motion is 0-135 degrees with pain. Positive bounce home test, positive McMurray's, and a negative anterior drawer, negative posterior drawer." [REDACTED] is requesting Prilosec, Lidocaine cream, Ambien, and Ibuprofen. The utilization review determination being challenged is dated 5/14/14 and rejects Ambien and Ibuprofen due to lack of documentation regarding length of usage. [REDACTED] is the requesting provider, and he provided treatment reports from 11/25/13 to 5/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec, S5000, 1159F:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73 & 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation ODG-TWC Guidelines, Pain Chapter, for Prilosec.

**Decision rationale:** This patient presents with right knee pain and is s/p right knee arthroscopy with medial/lateral meniscectomies, and chondroplasty undersurface of patella and medial femoral condyle as well as tibial plateau on 4/25/13. The treater has asked for Prilosec on 4/7/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD. The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Recommendation is for denial.

**Lidocaine Cream, S5000, 1159F:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73 & 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine; Salicylate topicals Page(s): 111-113; 105.

**Decision rationale:** This patient presents with right knee pain and is s/p right knee arthroscopy with medial/lateral meniscectomies, and chondroplasty undersurface of patella and medial femoral condyle as well as tibial plateau on 4/25/13. The treater has asked for Lidocaine cream on 4/7/14. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states, however, that only the dermal patch form of lidocaine is indicated. In this case, the requested lidocaine cream is not indicated per MTUS guidelines. Recommendation is for denial.

**Ambien, S5000, 1159F:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official; Disability Guidelines, Pain Chapter, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, for Ambien.

**Decision rationale:** This patient presents with right knee pain and is s/p right knee arthroscopy with medial/lateral meniscectomies, and chondroplasty undersurface of patella and medial femoral condyle as well as tibial plateau on 4/25/13. Patient is The treater has asked for Ambien on 4/7/14 as "patient is unable to sleep due to pain" per 4/21/14 request for authorization form. Patient's records indicate no prior usage of Ambien or other sleep aids. Regarding Ambien,

ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the treater has asked for a trial Ambien which seems reasonable for this type of condition. Recommendation is for authorization.

**Ibuprofen, S5000, 1159F:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73 & 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21, Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 22, 67-68, 70-73.

**Decision rationale:** This patient presents with right knee pain and is s/p right knee arthroscopy with medial/lateral meniscectomies, and chondroplasty undersurface of patella and medial femoral condyle as well as tibial plateau on 4/25/13. Patient has been taking Ibuprofen 800mg twice a day on a regular basis for a number of years, and it helps reduce inflammation and the total amount of narcotics patient is taking per 1/13/14 report. The treater has asked for Ibuprofen on 4/7/14. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the requested for Ibuprofen appears reasonable for patient's ongoing knee arthritis. Recommendation is for authorization.