

Case Number:	CM14-0173092		
Date Assigned:	12/02/2014	Date of Injury:	07/21/2008
Decision Date:	01/20/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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, 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 53 year old female with an injury date of 07/21/08. Based on progress report dated 09/12/14, the patient is status post right and left knee arthroscopic surgeries (date not mentioned). She presently complains of neck pain that radiates to left upper extremity causing numbness and tingling. The patient also suffers from bilateral knee pain. Physical examination of the cervical spine reveals tenderness in the paravertebral muscles and upper trapezius muscles with spasm. Range of motion is restricted and painful along with reduced sensation at left C6 and C7 dermatomal distribution. Axial loading compression test and Spurling's maneuver are positive. Physical examination of the left elbow shows tenderness at elbow olecranon fossa along with positive Tinel's sign and pain with terminal flexion. Physical examination of the knees reveals tenderness at the anterior joint line along with positive McMurray's sign and patellar compression test. Injection (name not specified) helped reduce her symptoms, as per progress report dated 09/12/14. Medications include Anaprox, Prilosec, Zofran, Cidaflex, and Medrox ointment, as per the same report. The patient is working full duty, as per progress report dated 09/12/14. X-ray of the Bilateral Knees, 09/12/14, as per the progress report with the same date: Degenerative joint disease, most severe at the anterior compartment. MRI of the Left Elbow, 02/20/12, as per progress report dated 09/12/14:- Joint effusion- 1 cm lesion in the radial head MRI of the Right Knee, 02/20/12, as per progress report dated 09/12/14:- Joint effusion- Chondromalacia patellae and patellofemoral joint arthropathy- Arthritic changes in the knee joint- Sprain/tear of the anterior cruciate and lateral collateral ligament- Grade II signal Vs Grade III tear in the anterior horn of the lateral meniscus- Multilocular cyst in the popliteal fossa- Cystic changes in the proximal tibia. MRI of the Left Knee, 02/20/12, as per progress report dated 09/12/14:- Chondromalacia patellae and patellofemoral joint arthropathy- Arthritic changes in

the knee joint- Sprain of the anterior cruciate and lateral collateral ligament- Grade III tear in the anterior horn of the lateral meniscus- Baker's cyst- Popliteal cystDiagnoses, 09/12/14:- Cervical discopathy/radiculitis- Carpal tunnel syndrome/double crush- Cubital tunnel/double crush syndrome- Status post right knee arthroscopic surgery with degenerative joint disease with sprain of the anterior cruciate and lateral collateral ligament - Status post left knee arthroscopic surgery with degenerative joint disease and tear of medial meniscus. The treater is requesting for (a) RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20 mg # 120 ON 02/28/14 (b) RETROSPECTIVE REQUEST FOR ONDANSETRON 8 mg # 30 x 2 ON 02/28/14 (c) RETROSPECTIVE REQUEST FOR MEDROX PAIN OINTMENT RELIEF 120 gm x 2 ON 02/28/14 ON 02/28/14 (d) RETROSPECTIVE REQUEST FOR CIDAFLEX TABLETS # 120 ON 02/28/14. The Utilization Review denial being challenged is dated 09/22/14. The rationale follows:(a) RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20 mg # 120 ON 02/28/14 - "The medical records fail to document a gastrointestinal complaint for which Omeprazole would be indicated..."(b) RETROSPECTIVE REQUEST FOR ONDANSETRON 8 mg # 30 x 2 ON 02/28/14 - No documentation of "an immediate post-operative period for the treatment of nausea and vomiting nor was there a documented use of a highly emetogenic cancer chemotherapy agent..." (c) RETROSPECTIVE REQUEST FOR MEDROX PAIN OINTMENT RELIEF 120 gm x 2 ON 02/28/14 - "Capsaicin is recommended only as an option in patient's who have not responded to or are intolerant to other treatments.." (d) RETROSPECTIVE REQUEST FOR CIDAFLEX TABLETS # 120 ON 02/28/14 - Current findings of degenerative joint disease are not documented. Treatment reports were provided from 02/28/12 - 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20mg #120 on 2/28/12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: The patient is status post right and left knee arthroscopic surgeries (date not mentioned), and presently complains of neck pain that radiates to left upper extremity causing numbness and tingling along with bilateral knee pain, as per progress report dated 09/12/14. The request is for Retrospective Request For Omeprazole 20 mg # 120 ON 02/28/14. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The first prescription for NSAID Anaprox was noted in progress report dated 02/28/12. The treater prescribed Prilosec and Zofran initially. The first prescription for Omeprazole was noted on 09/12/14. The treater states that the patient has "described stomach upset and epigastric pain with the use of Naproxen previously."

Additionally, the patient is older than 65 years of age and has a history of ulcers and anti-coagulant use, as per the same progress report. He also uses a high dose of NSAIDs. Hence, this request IS medically necessary.

Retrospective request for Ondansetron 8mg #30 x 2 on 2/28/12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea)

Decision rationale: The patient is status post right and left knee arthroscopic surgeries (date not mentioned), and presently complains of neck pain that radiates to left upper extremity causing numbness and tingling along with bilateral knee pain, as per progress report dated 09/12/14. The request is for Retrospective Request For Ondansetron 8 mg # 30 x 2 ON 02/28/14. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. As per ODG Guidelines, Pain (Chronic) chapter, topic 'Antiemetics (for opioid nausea)', the medication is "Not recommended for nausea and vomiting secondary to chronic opioid use." The first prescription for Ondansetron (Zofran) was noted in progress report dated 02/28/12. In progress report dated 09/12/14, the treater states that the patient is experiencing nausea secondary to the chronic use of analgesics for pain. The ODG Guidelines, however, do not support the use of Ondansetron for that purpose. Hence, the request IS NOT medically necessary.

Retrospective request for Medrox pain relief ointment 120gm x 2 on 2/28/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Capsaicin, Topical Analgesics Page(s): 105, 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compounded creams Page(s): 111.

Decision rationale: The patient is status post right and left knee arthroscopic surgeries (date not mentioned), and presently complains of neck pain that radiates to left upper extremity causing numbness and tingling along with bilateral knee pain, as per progress report dated 09/12/14. The request is for Retrospective Request For Medrox Pain Ointment Relief 120 gm x 2 ON 02/28/14. Regarding Capsaicin, MTUS guidelines, page 29, state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox ointment contains methyl salicylate, menthol and capsaicin. The first prescription for the topical formulation was noted in progress report dated 02/28/12 "for muscle pain." In progress report dated 09/12/14, the treater states that the

medication can be used "for relief of minor aches and muscle pain." However, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Additionally, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.

Retrospective request for Cidaflex tablets #120 on 2/28/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The patient is status post right and left knee arthroscopic surgeries (date not mentioned), and presently complains of neck pain that radiates to left upper extremity causing numbness and tingling along with bilateral knee pain, as per progress report dated 09/12/14. The request is for Retrospective Request For Cidaflex Tablets # 120 ON 02/28/14. Cidaflex is compound containing Glucosamine HCL 500mg and Chondroitin Sulfate 400mg. MTUS Chronic Pain Medical Treatment Guidelines, page 50 state that "Glucosamine (and Chondroitin Sulfate) Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). (Richy, 2003) (Ruane, 2002) (Towheed-Cochrane, 2001) (Braham, 2003) (Reginster, 2007)." The first prescription for Cidaflex was noted on 02/28/12. The medication was prescribed "for joint nutrition." In progress report dated 09/12/14, the treater states that "The addition of this compound will provide a greater lubricant to the damaged axial spine allowing for prolonged ability to perform the physical tasks associated with activities of daily living." It would appear that the treater is prescribing this medication for the patient's spinal condition and not for the patient's arthritic knees. X-rays do confirm arthritis of the knees. Cidaflex is not indicated for the spine. The request IS NOT medically necessary.