

Case Number:	CM14-0188574		
Date Assigned:	11/19/2014	Date of Injury:	08/21/2012
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder, knee, and low back pain reportedly associated with an industrial injury of August 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier right shoulder surgery; earlier left knee surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for Medrox, partially approved a request for Norco, denied a request for Naprosyn, denied a request for omeprazole, denied a positional MRI of the knee, denied a knee brace, and approved a followup visit. The claims administrator stated that its decision was based on progress notes of October 8, 2014 and September 18, 2014. The applicant's attorney subsequently appealed. In a November 5, 2014 progress note, the applicant reported ongoing complaints of knee, shoulder, and elbow pain. The applicant was placed off of work, on total temporary disability. The applicant was asked to pursue physical therapy in the interim. The applicant's medication list was not detailed on this particular date. The applicant did receive physical therapy throughout October 2014. In an October 8, 2014 progress note, the applicant reported ongoing complaints of left knee pain, reportedly worsening. Numbness about the left knee and left lower leg were appreciated. The applicant was asked to obtain a knee brace. Medrox, Norco, Naprosyn, and Prilosec were endorsed. The attending provider placed the applicant off of work, on total temporary disability, while ordering additional physical therapy for the shoulder. The applicant stated that his knee pain was worsening with numbness and tingling about the left leg also appreciated. A positive McMurray maneuver was noted about the left knee with well-healed arthroscopic incision lines present. A knee brace was apparently ordered while the applicant was kept off of work. The requesting provider was a physiatrist. In a September 18, 2014 progress note, the applicant

reported ongoing complaints of shoulder pain. The applicant was status post shoulder surgery. The applicant had comorbid diabetes, it was acknowledged. Physical therapy was sought. The applicant was asked to follow up with his primary treating physician. The applicant's shoulder surgeon stated that the applicant had undergone earlier shoulder surgery in May 2013. In an earlier note dated September 2014, the applicant was given prescriptions for Norco, Naprosyn, Medrox, and Prilosec, again without any explicit discussion of medication efficacy. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment with 2 refills 10/8/14 AND 11/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Medrox Medication Guide

Decision rationale: Medrox, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol, and capsaicin. Capsaicin, however, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. In this case, there was no clearly stated evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the Medrox compound at issue. It is further noted that the applicant has already received the Medrox compound at issue, despite the tepid-to-unfavorable MTUS position on the same. The applicant has not, moreover, demonstrated any significant benefit or functional improvement despite ongoing usage of Medrox. The applicant remains off of work, on total temporary disability, despite ongoing usage of Medrox. Ongoing usage of Medrox has failed to curtail the applicant's dependence on opioid agents such as hydrocodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Medrox. Therefore, the request is not medically necessary.

Hydrocodone #60 between 10/8/14 and 11/27/14: Upheld

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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In

this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing hydrocodone usage in multiple progress notes, referenced above. Therefore, the request is not medically necessary.

Naproxen sodium 550mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the requesting provider failed to incorporate any discussion on medication efficacy into several progress notes, referenced above. The fact that the applicant remains off of work, on total temporary disability, despite ongoing usage of Naprosyn, coupled with the fact that ongoing usage of Naprosyn has failed to curtail the applicant's dependence on Norco, an opioid agent, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Omeprazole DR 220mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand alone, on any of the progress notes, referenced above. Therefore, the request is not medically necessary.

1 positional MRI of the left knee between 10/8/14 and 11/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscal tear, ACOEM qualifies this recommendation by noting that such testing is indicated only if the applicant is actively considering or contemplating surgery. Here, however, there was/is no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the knee. The requesting provider was a physiatrist, not an orthopedic surgeon, making it even less likely that the applicant would act on the result of the proposed knee MRI and/or consider surgical intervention involving the same. Therefore, the request is not medically necessary.