

<b>Case Number:</b>	CM15-0103963		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	12/13/2003
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 65 year old female with a December 13, 2003 date of injury. A progress note dated April 22, 2015 documents subjective findings (ongoing pain and discomfort in the bilateral knees; headache due to neck pain that radiates to the bilateral shoulders; clicking of the shoulders with circular motion; pain has increased since the last visit; increasing wrist and thumb pain; increasing middle back pain; numbness on reaching out with arms; pain in the back radiating down the left buttock down the left leg to the left foot), objective findings (tenderness, spasm and pain with all range of motion of the cervical spine; decreased sensation to light touch of the bilateral cervical spine; restricted range of motion of the cervical spine which is painful; anterolateral tenderness of the bilateral shoulders; positive impingement sign of the bilateral shoulders; loss of grip strength bilaterally; tenderness to light touch of the bilateral elbows; positive Tinel's test; tenderness, spasm, and restricted range of motion of the lumbar spine; pain with patellar compression of the bilateral knees; pain radiating to the front part of the left foot; decreased sensation to light touch of the lumbar spine), and current diagnoses (cervical spondylosis and myofascial pain; cervical radiculopathy secondary to disc protrusion; bilateral cubital syndrome; bilateral carpal tunnel syndrome; lumbar spondylosis and myofascial pain; bilateral shoulder sprain/strain syndrome; bilateral wrist sprain/strain syndrome; impingement, bilateral shoulders; bilateral knee sprain/strain syndrome; depression and anxiety; sleep disruption; constipation/gastrointestinal upset; headache). Treatments to date have included magnetic resonance imaging of the left knee (August 13, 2009; showed a distal femoral enchondroma and chondromalacia changes of the patellofemoral joint), steroid injections of the

knee, Hyalgan injection of the knee, medications, and an interferential unit. The medical record indicates that prior knee injections improved the injured worker's symptoms and functionality. The medical record also documents that Celebrex helped with inflammation. The treating physician documented a plan of care that included Motrin, Protonix, and three Hyalgan injections of the bilateral knees.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Motrin 800 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The shortest period of time is not defined in the California MTUS. The requested medication is within the maximum dosing guidelines per the California MTUS. Therefore the request is medically necessary.

**Protonix 40 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK. (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.

### **3 Hyalgan Injection both Knees: 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), Knee and Leg: Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that hyaluronic acid injections are indicated for proven moderate to severe osteoarthritis of the knee in the presence of failure of aggressive conservative therapy. The patient does not have the diagnosis of moderate to severe osteoarthritis as a result of industrial incident and therefore the request is not medically necessary.