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| Case Number: | CM15-0145176 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 12/02/2002 |
| Decision Date: | 09/21/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine

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 54 year old female who sustained an industrial injury on December 2, 2002. She reported the onset of pain in her lower back and radiating pain to both lower extremities. She was also noted to have a continuous trauma claim from January 2003 to December 2003 involving her neck, both shoulders, both hands and wrists. Treatment to date has included a lumbar support, medications, acupuncture, physical therapy and facet joint injections. According to a progress report dated June 3, 2015, the injured worker complained of pain and swelling of the entire left knee and bilateral wrists. Pain was rated 8 on a scale of 1-10. She could not stand over 15 minutes and could walk approximately 1 block. She complained of low back pain which radiated to the left leg in the L5 distribution. Her sleep was poor, approximately 6 hours interrupted. She required help with her activities of daily living such as cooking and cleaning 4 hours a day 5 days a week. Her sister performed these duties. She was more dependent post left knee surgery with increased depression. She was taking Voltaren and Prilosec. According to a progress report dated June 22, 2015, the injured worker reported left anterior knee, left shin, left anterior hand, left anterior wrist, left anterior forearm, left anterior arm, left anterior elbow, left anterior shoulder, left posterior shoulder, left lumbar, lumbar, right lumbar, left sacroiliac, left buttock, left posterior leg, left posterior knee, left calf, left foot, left ankle, cervical, left cervical, right cervical and left cervical dorsal pain. Current pain level was rated 8 on a scale of 1-10. Pain was rated 9 at worst and 8 at best. She also reported numbness and tingling of the left anterior hand, left anterior wrist, left anterior forearm, left anterior elbow, left anterior arm, left anterior shoulder, left pelvic, left buttock, left sacroiliac, left posterior shoulder, left posterior arm, left posterior elbow, left posterior forearm, left posterior wrist, left posterior hand, right anterior hand and right posterior hand pain. She had notable anxiety and

stress. She also experienced insomnia. The injured worker felt better with pain medications, rest and topical compound. Physical examination demonstrated palpable tenderness in the right and left shoulder, left wrist, left forearm, left elbow, left arm, right arm, right elbow, right forearm and left knee. Range of motion was decreased in the left and right shoulder. Impingement was positive. Range of motion of the right and left wrist was decreased. Positive spinous process tenderness was noted. Sitting root was positive at 50 degrees, kemps bilaterally. There was palpable tenderness of the left medial joint with crepitus and edema. Knee extension and flexion on the right and left was 4 of 5. McMurray's was positive on the left. Diagnostic impression included knee arthroscopic surgery, tear of medial cartilage or meniscus of knee, status post op, lumbar IVD disorder with myelopathy, carpal tunnel syndrome wrist (median nerve). The provider wanted an updated NCV (nerve conduction velocity) study and EMG (electromyography) due to left lower extremity radicular pain and persistent weakness of plantar and dorsiflexion. The treatment plan included Meloxicam 15 mg every day #45, Prilosec 20 mg every morning #30 to protect stomach lining, thumb-wrist sleeve brace and a single point cane. The provider recommended that the injured worker lose weight on her own while the insurance authorized a weight loss program like Lindora or Jenny Craig. The injured worker was totally temporarily disabled for 45 days. Currently under review is the request for single point cane, weight loss program, NCV (nerve conduction velocity)-EMG (electromyography) left lower extremity, Meloxicam 15 mg quantity 45, Prilosec 20 mg quantity 30 and thumb-wrist sleeve brace quantity 1. Documentation submitted for review shows long term use of non-steroidal anti-inflammatory drugs (NSAI DS). A psychiatric agreed medical evaluation dated 03/25/2012, notes the use of Omeprazole to treat abdominal pain, diarrhea and constipation caused by Naprosyn. She also took Meloxicam at that time which provided more relief than Naprosyn. She did not use the medication daily because of abdominal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single point cane: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-- Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Walking aids (canes, crutches, braces, orthoses, & walkers) are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. The injured worker meets the requirement for using a

cane, however, the submitted medical records indicate that this injured worker is already using Single point cane, and there is no rationale provided by the treating provider for use of additional Single point cane. The Requested Treatment: Single point cane is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Pharmacologic & surgical management of obesity in primary care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines were reviewed. Selection of treatment for overweight subjects is based upon an initial risk assessment. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight management. The submitted Medical records do not provide any information about failure of the injured worker to lose weight based on diet and exercise. The requested treatment: Weight loss program is not medically necessary.

NCV (nerve conduction velocity)/ EMG (electromyography), Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The injured worker is presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. Injured worker had previous Electrodiagnostic testing of lower extremities. There is insufficient information provided by the treating health care provider to establish the medical necessity or rationale for the repeat request of electrodiagnostic studies. The Requested Treatment: NCV (nerve conduction velocity)/ EMG (electromyography), Left Lower Extremity is not medically necessary or appropriate.

Meloxicam 15 mg Qty 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAIDS Page(s): 9, 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Anti-inflammatory drugs, NSAIDS.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines state that NSAIDS (nonsteroidal anti-inflammatory drugs) are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short term treatment of back pain. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. Guidelines recommend NSAIDS for acute exacerbations of chronic back pain as a second-line treatment after acetaminophen. ODG (Official Disability Guidelines) states that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. ODG specific recommendations for NSAIDS (nonsteroidal anti-inflammatory drugs) include treatment of osteoarthritis for the shortest period in patients with moderate to severe pain, for treatment in acute low back pain & acute exacerbations of chronic pain and short-term symptomatic relief of chronic low back pain. In this case, documentation shows long term use of nonsteroidal anti-inflammatory medications which is not recommended by guidelines. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status and activities of daily living in this injured worker. The request is not medically necessary.

Prilosec 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, gastrointestinal symptoms & cardiovascular risks Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Proton Pump Inhibitors.

Decision rationale: According to CA MTUS Guidelines, proton pump inhibitors such as Omeprazole are recommended for patients taking NSAIDs (nonsteroidal anti-inflammatory drugs) with documented GI (gastrointestinal) distress symptoms or specific GI risk factors. Official Disability Guidelines (ODG) state that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Decision to use proton pump inhibitors long-term must be weighed against the risks. The potential adverse effects of long-term proton pump inhibitor use included B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infection and fractures, hypergastrinemia and cancer and more recently adverse cardiovascular effects. Proton pump inhibitors have a negative effect on vascular function, increasing the risk for myocardial infarction. Patients with gastroesophageal reflux disease on proton pump inhibitors had a 1.16 greater risk of myocardial infarction and a 2.00 risk for cardiovascular mortality. Proton pump usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study proton pump inhibitor use was associated with a 1.58 fold greater risk of myocardial infarction and in the case-crossover study, adjusted odds ratios of proton pump inhibitor for myocardial risk were 4.61 for the 7 day window and 3.47 for the 14

day window. However, the benefits of proton pump inhibitors may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014) Outpatient proton pump use is associated with a 1.5 fold increased risk of community-acquired pneumonia, with the highest risk within the first 30 days after initiation of therapy. (Lamber, 2015) The updated Beers Criteria, which help prevent adverse drug events in older adults, added a recommendation to avoid the use of proton pump inhibitors for more than 8 weeks, except for long-term NSAID users and patients with erosive esophagitis, Barrett's esophagitis, pathologic hypersecretory condition, or a demonstrated need for maintenance therapy. There are many studies demonstrating, in elderly patients, an increased risk for Clostridium difficile infection and bones loss and fractures with the long-term use of proton pump inhibitors. (AGS, 2015) In this case, the injured worker was documented as having gastrointestinal distress with use of nonsteroidal anti-inflammatory drugs. Since the request for Meloxicam was not found to be medically necessary, the medical necessity for Prilosec is not established. The requested treatment is not medically necessary.

Thumb/Wrist Sleeve Brace, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 364-365.

Decision rationale: ACOEM Practice Guidelines state that initial treatment of carpal tunnel syndrome should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day depending upon activity. The injured worker meets the requirement for using the brace, however, the submitted medical records indicate that this injured worker is already using the brace, and there is no rationale provided by the treating provider for use of additional brace. The Requested Treatment: Thumb/Wrist Sleeve Brace is not medically necessary.