

<b>Case Number:</b>	CM15-0145668		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California  
 Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on 6-21-2012. He reported pain in his right lower extremity due to falling down a hill. Diagnoses have included right hip strain, left hip strain secondary to altered gait, status post right knee arthroscopy (January 2013) with residual sprain-strain, stress, anxiety and depression. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), right knee surgery, right knee injections and medication. According to the Doctor's First Report of Occupational Injury or Illness dated 7-7-2015, the injured worker complained of right knee pain, right hip pain, left hip-groin pain, stress and anxiety. Exam of the bilateral hips revealed tenderness to palpation, left side greater than right. There was tenderness to palpation over the right knee. Sensation in the right lower extremity was decreased along the L4 to S1 dermatomes. It was noted that the injured worker had failed behavioral techniques for improved sleep and was unable to use non-steroidal anti-inflammatory drugs due to a history of cardiac and renal disease. Authorization was requested for ultrasound right hip, Omeprazole, Ultracin topical lotion, Tylenol #3 and Sonata.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Tylenol #3 is acetaminophen and codeine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain or function. There is no long term plan documented concerning opioid therapy. Tylenol #3 is not medically necessary.

**Sonata 10mg quantity 30:** Upheld

**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, Insomnia Treatment.

**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), Insomnia Treatment.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines Zaleplon (Sonata) is a non-benzodiazepine sedative hypnotic used for insomnia. It is recommended for short term use only. Guidelines recommend treating underlying cause of insomnia first before attempting pharmacologic therapy. Patient has issues with pain and depression that should be addressed prior to using a pharmacologic treatment. The prescription also does not correlate with short term use. Zaleplon is not medically necessary.

**Ultrasound right hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Diagnostic Ultrasound.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Ultrasound (Sonography).

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, ultrasound of hip is only recommended for Scar tissue, Adhesions and Collagen fiber and muscle spasm. US as per provider is to "rule out internal derangement". There is no basic imaging provided. There is no basic information

concerning any conservative care attempted for the hip. Hip ultrasound is not indicated and is not medically necessary.

**Omeprazole 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68.

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

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on an NSAID. Documentation is contradictory claiming that omeprazole was for "dyspepsia due to NSAIDs" and then next section claims that patient cannot take NSAIDs due to cardiac issues. Patient has "stomach issues" that the provider calls "dyspepsia" but there is not a single detail concerning this "stomach issue". Patient is not noted to be an NSAID in any recent prescription. Pt is on a various non-FDA approved, non-evidence based substances "prescribed" by the provider which has unknown effect on GI system. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient as specifically stated by the provider and there is no evidence that patient is even on oral NSAIDs, Prilosec/Omeprazole is not medically necessary.

**Ultracin topical lotion 100ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-115.

**Decision rationale:** Ultracin is a topical medication containing several compounds. It contains methyl-salicylate, capsaicin and menthol. As per MTUS guidelines any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. It is unclear where patient is using this topical product. Chronic use is not recommended. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. There is no documentation of a successful trial of capsaicin or failure of other medications. Not medically necessary. 3) Menthol: there is no information about menthol in the MTUS. Methyl-salicylate and Capsaicin is not medically recommended therefore Ultracin is not medically necessary.