MAXIMUS Federal Services

Case Number:	CM15-0161866		
Date Assigned:	09/04/2015	Date of Injury:	03/01/2012
Decision Date:	10/27/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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, Montana
Certification(s)/Specialty: Neurological Surgery

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 70 year old female, who sustained an industrial injury on March 1, 2012. The mechanism of injury was a slip and fall. The injured worker landed on her right knee and experienced immediate left-sided low back pain. The diagnoses have included lumbosacral neuritis, myalgia and myositis, left leg joint pain, neck sprain, lumbosacral facet arthropathy, lumbar multilevel degenerative disc disease, myofascial pain syndrome, thoracic-12 vertebral body compression fracture, thoracic spinal stenosis and right knee internal derangement. Comorbid diagnoses include a history of hypertension, diabetes and high cholesterol. Treatment and evaluation to date has included medications, radiological studies, MRI of the lumbar spine, MRI of the right knee, chiropractic treatments, psychological testing, home exercise program, a urine drug screen (5-15-1015), two right knee surgeries in 2013 and lumbar epidural steroid injections on June 25, 2015. The MRI of the right knee dated June 17, 2015 notes a medial meniscus tear, a ganglion cyst and a full-thickness chondral defect at the lateral facet of the right patella. The injured worker was not working. Current documentation dated July 23, 2015 notes that the injured worker reported right knee pain and lumbar spine pain with numbness in the right leg and foot. Examination of the right knee revealed decreased strength and a decreased range of motion. A McMurray's test was positive. Sensation was decreased in the right foot. Examination of the lumbar spine revealed a positive straight leg raise test on the right. The documentation was handwritten and difficult to decipher. Documentation dated May 8, 2015 and July 6, 2015 note that the injured workers back pain was one third improved and she was able to walk with less discomfort. The treating physician's plan of care included requests for Naproxen 550 mg, Omeprazole 20 mg, Flexeril 7.5 mg, Menthoderm Gel 120 grams # 2, Neurontin 600 mg, outpatient right knee surgery, urine drug screen and right lumbar-four, lumbar-five, sacral-one epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti- inflammatory drugs as an option for short-term use to reduce pain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patient with moderate to severe pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. In this case, the injured worker was noted to have been prescribed Naproxen since at least April of 2015. The injured worker was noted to have chronic low back pain and right knee pain. The documentation does not indicate functional benefit as a result of the medication. Naproxen is recommended for short-term use to reduce pain and this injured worker has been on the medication for an extend period of time. The request for Naproxen is not medically necessary.

Omeprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that clinicians weigh the indications for non- steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and-or an anticoagulant or high dose-multiple NSAIDs. The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or misoprostol or a Cox-2 selective agent. Long-term PPI use greater than one year has been shown to increase the risk of hip fracture. In this case, the injured worker is greater than 65 years of age and has been prescribed a non-steroidal anti- inflammatory drug since at least April of 2015. Per the guidelines the injured worker is a greater risk for a gastrointestinal event due to her age being greater than 65 and the use of non-steroidal anti-inflammatory drugs routinely.

Therefore, the request for Omeprazole is medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the medication Flexeril (Cyclobenzaprine) for pain relief the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti- inflammatory drugs (NSAID's) in pain relief and overall improvement. Also, there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used longer than 2-3 weeks. The documentation supports the injured worker had chronic low back pain and right knee pain. The documentation supports the injured worker has been prescribed Flexeril since at least April of 2015. Muscle relaxants are supported for short-term treatment. In this case, there is lack of documentation of significant pain relief and no documentation of functional benefit with the continued use of the requested medication. For these reasons, the request for Flexeril is not medically necessary.

Menthoderm gel 120gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

Decision rationale: Regarding Menthoderm (menthol-methyl salicylate) gel, the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti- depressants and anti-epileptic medications. The MTUS guidelines also state that any compounded product with at least one drug which is not recommended is not recommended. Salicylate topical agents such as Ben-Gay and methyl salicylate are significantly better than a placebo in chronic pain. Salicylate topical agents are recommended. The MTUS guidelines and Official Disability Guidelines do not discuss the Menthol component of the compound. In this case, the injured worker was noted to have

chronic low back pain and right knee. There is lack of clinical evidence in this case, that the injured worker failed a trial of antidepressant medications or anticonvulsant therapy. Therefore, the request for Menthoderm is not medically necessary.

Neurontin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of evidence to demonstrate that anti-epilepsy drugs significantly reduce the level of myofascial or other sources of somatic pain." Gabapentin appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects and may be beneficial as a sleep aid. These medications provide additional analgesia and reduce the dependence on opioids and other medications. In this case, the injured worker was noted to have chronic back and right knee pain. The injured worker has been on this medication since at least April of 2015. The documentation supports the injured worker has neuropathic pain and has had improvement in her back pain and less discomfort with ambulation. Therefore, the request for Neurontin 600 mg is medically necessary.

Outpatient right knee surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines for knee complaints page 343-4 note surgical consultation would be appropriate with failure to improve with conservative measures. Documentation does not disclose what physical therapy program or its length has been instituted after the patient's knee surgery had been done. Moreover, the guidelines recommend consideration be given to the magnetic resonance imaging (MRI) scans. Guidelines do not include this consideration. The requested treatment: Outpatient right knee surgery is not medically necessary and appropriate.

Right L4, L5, S1 Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):

Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend injections for treatment of radicular pain when the injured worker has been unresponsive to initial conservative care, which includes exercises, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants. Repeat blocks should be based on findings of continued objective pain and functional improvement, including at least fifty percent pain relief, with associated reduction of medication use for six to eight weeks. In this case, the injured worker had lumbar epidural steroid injections on June 25, 2015. The injured worker reported improvement in low back pain. However, there was no documentation of fifty percent pain relief or the reduction of medication use for 6-8 weeks. In addition, there is lack of documentation of prior physical therapy trials as well as a lack of prior attempts with appropriated conservative measures in order to warrant another injection.
Therefore, the request for a right lumbar-four, lumbar-five and sacral-one epidural steroid injection is not medically necessary.

Urine screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommended screening for the risk of addiction prior to initiating opioid therapy and to assist in monitoring adherence to a prescription drug regime. Screening is also recommended to diagnose for aberrant behavior or drug misuse. The Official Disability Guidelines (ODG) state that a urine drug screen is recommended at baseline and two to four times a year depending on the injured workers risk of addiction or aberrant use. In this case, a urine drug screen was performed on May 5, 2015. There is no documentation of concerns of non- compliance or use of illicit drugs in this injured worker. No further urine drug screens were noted in the records. There is lack of documentation of an initial stratification for this injured worker. The request for a urine drug screen is not medically necessary.