

Case Number:	CM15-0054764		
Date Assigned:	03/30/2015	Date of Injury:	12/20/2008
Decision Date:	05/04/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old male who sustained an industrial injury on December 20, 2008. The injured worker received conservative therapy, Visco supplement injections, and partial medial meniscectomy in July 2009, left knee arthroscopy with medial compartment replacement in January 2011, total knee replacement on September 23, 2014, diagnostic testing, physical therapy, multiple lumbar epidural steroid injections (ESI), acupuncture therapy and medications. A magnetic resonance imaging (MRI) of the lumbar spine was performed on December 1, 2014. The injured worker was diagnosed with lumbosacral radiculopathy, lumbar sprain/strain, and left total knee replacement. According to the primary treating physician's progress report on January 22, 2015, the injured worker continues to experience pain and discomfort of the left knee. Examination of the left knee demonstrated swelling, stiffness and limited range of motion. There was also some popping and warmth noted. There was no evaluation of the lumbar spine noted. Current medications are listed as Nexium, Oxycodone, Hydrocodone, topical analgesics and Ambien. Treatment plan consists of continuing with physical therapy to improve soft tissue damage with education in a home exercise program and the current request for prescribed medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50 mg/Caffeine 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65. Decision based on Non-MTUS Citation Epocrates Online Caffeine.

Decision rationale: The injured worker sustained a work related injury on July 2009 . The medical records provided indicate the diagnosis of lumbosacral radiculopathy, lumbar sprain/strain, and left total knee replacement. Treatments have included Nexium, Oxycodone, Hydrocodone, topical analgesics and Ambien. The medical records provided for review do not indicate a medical necessity for Orphenadrine 50 mg/Caffeine 10 mg #60: Orphenadrine 50 mg/Caffeine 10 mg #60 . The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Orphenadrine has been reported to be abused for euphoria and to have mood elevating effects. It is taken 100 mg twice a day, but the combination products are taken three to four times a day. Although Orphenadrine is a muscle relaxant, and the injured worker currently has muscle spasms, the records indicate the injured worker has been taking several other muscle relaxants for a while. There was no documentation of benefits from the previous muscle relaxants; besides, the MTUS recommends they be used during acute exacerbation, not for long-term use. Caffeine has no place in the management of chronic pain: both the MTUS and the Official Disability Guidelines are silent on it. Epocrates recognize it as a stimulant for promoting wakefulness or diuresis. The treatment is not medically necessary.

Gabapentin/Pyridoxine 250/10 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60-61.

Decision rationale: The injured worker sustained a work related injury on July 2009. The medical records provided indicate the diagnosis of lumbosacral radiculopathy, lumbar sprain/strain, and left total knee replacement. Treatments have included Nexium, Oxycodone, Hydrocodone, topical analgesics and Ambien. The medical records provided for review do not indicate a medical necessity for Gabapentin/Pyridoxine 250/10 mg #120. The MTUS recommends the use of the Antiepileptic Drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on 30% reduction in pain; otherwise either a switch to a different first-line agent or combine it with a different first line agent. There was no documentation of the features of the pain like severity in the visual analog scale, the pain quality, relieving factors. Since the MTUS requires 30% pain reduction as the criterion for use of antiepileptic drugs, it is necessary to have information on the baseline pain at the time the medication was introduced. Also, the MTUS, and the Official Disability Guidelines do not recommend the use of Pyridoxine for the treatment of chronic pain. The treatment is not medically necessary.

Omeprazole 10 mg/Flurbiprofen 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 8; 67-72.

Decision rationale: The injured worker sustained a work related injury on July 2009. The medical records provided indicate the diagnosis of lumbosacral radiculopathy, lumbar sprain/strain, and left total knee replacement. Treatments have included Nexium, Oxycodone, Hydrocodone, topical analgesics and Ambien. The medical records provided for review do not indicate a medical necessity for Omeprazole 10 mg/Flurbiprofen 100 mg #60. The MTUS recommends the use of proton pump inhibitors individuals with risk of gastrointestinal event who are being treated with NSAIDs. Therefore, it is medically necessary to include Omeprazole, a proton pump inhibitor, in the treatment of this individual with a history of Gastro-esophageal Reflux Disease (GERD) if he is being treated with NSAIDs. However, although the records indicate the injured worker was prescribed Diclofenac, (an NSAID), during a previous visit, there was no documentation of outcome of the treatment. The MTUS does not consider anyone NSAID as offering better pain control than the other, the major difference are the side effects; therefore, a documentation of treatment outcome would have helped in advising one of the expected outcomes with the Flurbiprofen. Furthermore, there was no documentation of the baseline pain characteristics at the time of introduction of this medication; such information is necessary in determining whether the goal of pain control is being met. The treatment is not medically necessary.