

<b>Case Number:</b>	CM15-0059854		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 58-year-old female with an industrial injury dated 07/07/2014. Her diagnosis is medial meniscus tear, right knee and degenerative arthritis, right knee. Prior treatments include diagnostics, rest, ice, activity modification, non-steroidal anti-inflammatory medications and physical therapy. She presents on 01/09/2015 with complaints of right knee pain. Pain is sharp, 3/10 and feels like it gives out. Physical exam revealed tenderness in the right knee along medial joint line, positive McMurrays and crepitus. Knee is stable. Circulation was intact with normal pulses and no swelling. Progress note states that an MRI shows meniscal tear but no actual report was provided for review (The record dated 01/09/2015 is the most recent record in the submitted documents.) The treatment plan included medications to include stomach protectant, non-steroidal anti-inflammatory drugs and pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 500mg #60 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Anaprox/Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication. Patient has also been on this medication chronically and guidelines do not recommend chronic use due to side effects. Anaprox is not medically necessary.

**Omeprazole 20mg #60 x 2 refills:** Upheld

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

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

**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 currently on Anaprox but in this review on UR, it is not medically recommended. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient and patient does not meet criteria for PPIs, Prilosec/Omeprazole is not medically necessary.

**Dendracin 120ml x 2 refills:** Upheld

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

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

**Decision rationale:** Dendracin 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 no recommended is not recommended. "1) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. It may have some efficacy in knee and distal joint pain. It may be beneficial for patient's knee pain. 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 any failure of 1st line medication of appropriate trial of capsaicin. Fails criteria. 3) Menthol: there is no information about menthol in the MTUS. 1 main active ingredients is not medically recommended therefore Dendracin is not medically necessary.

**Ultracet 325/37.5mg x 2 refills:** Upheld

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

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

**Decision rationale:** This contains acetaminophen and Tramadol, a direct Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document support for continued opioid therapy. Patient has been on opioids chronically with no objective documented improvement in pain or function with current medication regiment. There is no documented monitoring. Refills of ultracet do not meet MTUS guidelines for appropriate monitoring of response to therapy. Ultracet is not medically necessary.