

Case Number:	CM15-0069835		
Date Assigned:	04/17/2015	Date of Injury:	03/06/2013
Decision Date:	07/09/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/13/2015

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: Physical Medicine & Rehabilitation

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 03/06/2013. The initial complaints or symptoms included right knee pain/injury after falling to knees followed by pain in the neck, arm, shoulder, and back. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, injections, and right knee surgery. Currently, the injured worker complains of constant right knee pain and frequent swelling. The diagnoses include status post right knee arthroscopy/partial medial meniscectomy/chondroplasty (08/10/2013), and recurrent mechanical symptoms of the right knee - post surgical changes of the medial meniscus noted, likely degenerative changes, and possible suspicion for re-tear of meniscus. The treatment plan consisted of medications (including anaprox with refill, omeprazole with refill, Flexeril and Tylenol #4), medial unloader right knee brace, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Anaprox 550 mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects; NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68; 73; 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents with left knee pain. The request is for REFILL OF ANAPROX 550 MG QTY: 90. Patient is status post right knee surgery 08/10/13. Physical examination to the left knee on 10/16/14 revealed tenderness to palpation to the medial joint line, medial pes anserion, and lateral hamstring insertion to fibula. McMurray test was positive with flexion and external rotation of the left foot. Patient's treatments have included a knee brace, medication and injections. Per 12/24/14 progress report, patient's diagnosis include right knee status post arthroscopy/partial meniscectomy/chondroplasty 8-10-13, and recurrent mechanical symptoms right knee - postsurgical changes of medial meniscus noted, likely degenerative changes, possible suspicion for re-tear of meniscus. Patient's medications, per 02/25/15 progress report include Anaprox, Omeprazole, Flexeril, and Tylenol #4. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". Treater does not discuss this request. Patient has received prescriptions for Anaprox from 06/11/14 and 02/25/15. In this case, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request for refill of Anaprox IS NOT medically necessary.

Omeprazole 20 mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with left knee pain. The request is for OMEPRAZOLE 20 MG QTY: 60. Patient is status post right knee surgery 08/10/13. Physical examination to the left knee on 10/16/14 revealed tenderness to palpation to the medial joint line, medial pes anserion, and lateral hamstring insertion to fibula. McMurray test was positive with flexion and external rotation of the left foot. Patient's treatments have included a knee brace, medication and injections. Per 12/24/14 progress report, patient's diagnosis include right knee status post

arthroscopy/partial meniscectomy/chondroplasty 8-10-13, and recurrent mechanical symptoms right knee - postsurgical changes of medial meniscus noted, likely degenerative changes, possible suspicion for re-tear of meniscus. Patient's medications, per 02/25/15 progress report include Anaprox, Omeprazole, Flexeril, and Tylenol #4. Patient is permanent and stationary. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient has received prescriptions for Omeprazole from 06/11/14 and 02/25/15. In this case, the treater does not document any gastrointestinal upset or irritation. There is no history of ulcers, either. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request Omeprazole 20 mg IS NOT medically necessary.

Refill of Omeprazole 20 mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with left knee pain. The request is for REFILL OF OMEPRAZOLE 20 MG QTY: 60. Physical examination to the left knee on 10/16/14 revealed tenderness to palpation to the medial joint line, medial pes anserion, and lateral hamstring insertion to fibula. McMurray test was positive with flrxion and external rotation of the left foot. Patient's treatments have included a knee brace, medication and injections. Per 12/24/14 progress report, patient's diagnosis include right knee status post arthroscopy/partial meniscectomy/ chondroplasty 8-10-13, and recurrent mechanical symptoms right knee - postsurgical changes of medial meniscus noted, likely degenerative changes, possible suspicion for re-tear of meniscus. Patient's medications, per 02/25/15 progress report include Anaprox, Omeprazole, Flexeril, and Tylenol #4. Patient is permanent and stationary. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient has received prescriptions for Omeprazole from 06/11/14 and 02/25/15. In this case, treater has not documented a gastrointestinal complaint or risk factors that would support the use of Omeprazole within MTUS recommendations. Therefore, the request for a refill of Omeprazole IS NOT medically necessary.

Flexeril 10 mg qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with left knee pain. The request is for FLEXERIL 100 MG QTY: 30. Patient is status post right knee surgery 08/10/13. Physical examination to the left knee on 10/16/14 revealed tenderness to palpation to the medial joint line, medial pes anserion, and lateral hamstring insertion to fibula. McMurray test was positive with flexion and external rotation of the left foot. Patient's treatments have included a knee brace, medication and injections. Per 12/24/14 progress report, patient's diagnosis include right knee status post arthroscopy/partial meniscectomy/chondroplasty 8-10-13, and recurrent mechanical symptoms right knee - postsurgical changes of medial meniscus noted, likely degenerative changes, possible suspicion for re-tear of meniscus. Patient's medications, per 02/25/15 progress report include Anaprox, Omeprazole, Flexeril, and Tylenol #4. Patient is permanent and stationary. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The treater has not discussed this request. Patient has received prescriptions for Flexeril from 12/24/14 and 02/25/15. MTUS Guidelines do not recommend use of Flexeril for longer than 2 to 3 weeks, and the requested 30 tablets does not imply short-term therapy. Therefore, the request IS NOT medically necessary.

Tylenol #4, qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications; Opioids, specific drug list Page(s): 78-80; 124; 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left knee pain. The request is for TYLENOL #4, QTY: 60. Patient is status post right knee surgery 08/10/13. Physical examination to the left knee on 10/16/14 revealed tenderness to palpation to the medial joint line, medial pes anserion, and lateral hamstring insertion to fibula. McMurray test was positive with flexion and external rotation of the left foot. Patient's treatments have included a knee brace, medication and injections. Per 12/24/14 progress report, patient's diagnosis include right knee status post arthroscopy/partial meniscectomy/chondroplasty 8-10-13, and recurrent mechanical symptoms right knee - postsurgical changes of medial meniscus noted, likely degenerative changes, possible suspicion for re-tear of meniscus. Patient's medications, per 02/25/15 progress report include Anaprox, Omeprazole, Flexeril, and Tylenol #4. Patient is permanent and stationary.

MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The patient was prescribed Tylenol #4 from 12/24/14 and 02/25/15. In this case, treater has not discussed how Tylenol #4 decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS results, CURES reports, or opioid pain contracts were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.