

<b>Case Number:</b>	CM15-0082337		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/27/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 46 year old female, who sustained an industrial injury on 6/27/10. Initial complaints were not noted. The injured worker was diagnosed as having contusion of knee, unspecified internal derangement of knee; lumbar sprain/strain; abnormality of gait; mix emotional adjustment reaction. Treatment to date has included status post right knee arthroscopy; anterior cruciate ligament reconstruction (no report or date). The Injured worker has also had Functional Capacity Evaluation (1/20/15). Diagnostics included X-ray right knee (12/12/113); EMG/NCV lower extremities (2/2/15). Currently, the PR-2 notes dated 12/16/14 are hand written medical records and are difficult to decipher. These notes indicated the injured worker complains of lumbosacral spine pain rated pain level of 5/10 with burning and radiating to the right lower extremity. The provider indicates he will order an EMG/NCV to the bilateral lower extremities to rule out radiculopathy. These notes demonstrate the medications help the pain. The left knee is noted with pain levels of 5-6/10 with pain described as achy and positive for instability. The injured worker saw another provider for those complaints and he is awaiting the report. The provider indicates there is no change in the physical examination since the last visit in November 2014. The provider's treatment plan included a request for Naproxen 550mg #60 with 1 refill, Prilosec 20mg #30 with 1 refill, Narcosoft #60 with 1 refill, Cyclo/Tram cream with 1 refill and Transportation to and from medical visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The injured worker sustained a work related injury on 6/27/10. The medical records provided indicate the diagnosis of knee, unspecified internal derangement of knee; lumbar sprain/strain; abnormality of gait; mix emotional adjustment reaction. Treatment to date has included status post right knee arthroscopy; anterior cruciate ligament reconstruction. The medical records provided for review do not indicate a medical necessity for Naproxen 550mg #60 with 1 refill. Naproxen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the short term treatment of moderate to severe pain. Additionally, the MTUS recommends that individuals of NSAID be monitored for liver function, kidney function, and blood count. The medical records indicate the injured worker's use of the medication predates 11/2014, but without improvement. Furthermore, the injured worker is not being monitored with the above tests.

**Prilosec 20mg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 6/27/10. The medical records provided indicate the diagnosis of knee, unspecified internal derangement of knee; lumbar sprain/strain; abnormality of gait; mix emotional adjustment reaction. Treatment to date has included status post right knee arthroscopy; anterior cruciate ligament reconstruction. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #30 with 1 refill. Prilosec is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individual at risk of gastrointestinal events who are being treated with NSAIDs. The records indicate the injured worker suffers from gastritis; therefore is at risk for gastrointestinal event. Nevertheless, this medication is not medically necessary at this time because the Naproxen (an NSAID) for which it was in use has been determined not to be medically necessary.

**Narcosoft #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://enovachem.us.com/portfolio/narcosoft/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Enovachem Manufacturing, Narcosoft, <https://enovachem.us.com/product/narcosoft/>, Official Disability Guidelines (ODG), Pain (Chronic), Compound drugs.

**Decision rationale:** The injured worker sustained a work related injury on 6/27/10. The medical records provided indicate the diagnosis of knee, unspecified internal derangement of knee; lumbar sprain/strain; abnormality of gait; mix emotional adjustment reaction. Treatment to date has included status post right knee arthroscopy; anterior cruciate ligament reconstruction. The medical records provided for review do not indicate a medical necessity for Narcosoft #60 with 1 refill. The MTUS and the Official Disability Guidelines are silent on this medication, but Envochem manufacturing describes it as a Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of occasional constipation. The MTUS recommends the prophylactic treatment of constipation in individuals on opioid treatment. The medical records do not indicate the injured worker was at this time on treatment with opioids. Also, there is no indication the injured worker has failed treatment with recommended medications for constipation. The official Disability Guidelines recommends against the use of non-recommended agents.

**Cyclo/Tram cream with 1 refill:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 6/27/10. The medical records provided indicate the diagnosis of knee, unspecified internal derangement of knee; lumbar sprain/strain; abnormality of gait; mix emotional adjustment reaction. Treatment to date has included status post right knee arthroscopy; anterior cruciate ligament reconstruction. The medical records provided for review do not indicate a medical necessity for Cyclo/Tram cream with 1 refill. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary because agents, Cyclobenzaprine and Tramadol are not recommended.

**Transportation to and from medical visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 02/27/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Transportation (to & from appointments).

**Decision rationale:** The injured worker sustained a work related injury on 6/27/10. The medical records provided indicate the diagnosis of knee, unspecified internal derangement of knee; lumbar sprain/strain; abnormality of gait; mix emotional adjustment reaction. Treatment to date has included status post right knee arthroscopy; anterior cruciate ligament reconstruction. The medical records provided for review do not indicate a medical necessity for Transportation to and from medical visits. The MTUS is silent on this, but the Official Disability Guidelines states that Transportation to and from medical visits is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The Guidelines further states that this reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care; but transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. The Injured worker is 46 years of age; therefore less than the stipulated 55 years of age.