Case Number:	CM15-0083068		
Date Assigned:	05/05/2015	Date of Injury:	08/01/1993
Decision Date:	06/25/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 53-year-old male, who sustained an industrial injury on August 1, 1993. He reported a right foot and ankle injury. The injured worker was diagnosed as having cervical degenerative disc disease with facet arthropathy and bilateral upper extremities radiculopathy, thoracic sprain/strain syndrome with spondylolisthesis at thoracic 9-10, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremities radiculopathy, bilateral peroneal neuropathy, bilateral knee degenerative joint disease , right knee degenerative joint disease and complete tears of the anterior and posterior hons of the medial meniscus, left ankle traumatic arthritis, medication-induced gastritis, and bilateral ulnar nerve entrapment. Diagnostic studies to date have included MRIs, x-rays, and electrodiagnostic studies. Treatment to date has included physical therapy, epidural steroid injections, steroid injections, and medications including short-acting and long acting oral pain, topical pain, muscle relaxant, anti-anxiety, antidepressant, and non-steroidal anti-inflammatory. On February 13, 2015, the injured worker complains of pain of the bilateral knees - right greater than left and left ankle. He complains of low back radiating to the bilateral lower extremities, which is radicular in nature. He complains of neck pain radiating to both shoulders and trapezius muscles with radicular symptoms radiating to the bilateral upper extremities. He has signs of ulnar nerve entrapment and bilateral carpal tunnel syndrome of the bilateral upper extremities. He has a stiff, antalgic gait and uses a single-point cane in the right hand. The physical exam revealed tenderness of the posterior cervical musculature bilaterally, limited flexion and extension, and significant muscle rigidity of the cervical musculature, upper trapezius, and medial scapular regions. There was decreased sensation along the lateral arm and forearm, diffuse muscle atrophy along the bilateral thenar and hypothenar muscles, and profound loss of

sensation in the ulnar distribution from the wrist proximal and distal. The lumbar spine exam revealed tenderness of the lumbar musculature bilaterally with increased muscle rigidity, decreased forward flexion and extension with pain, and decreased sensation along the bilateral lumbar 5 distribution. The right knee exam revealed medial and lateral joint line tenderness, mild crepitus with general range of motion, and decreased range of motion. The left ankle exam revealed swelling, a well-healed surgical scar on the lateral side, tenderness to palpation and slight hypersensitivity throughout , decreased range of motion in all planes, and reddish color. The requested treatments are Anaprox DS, Prilosec, and Lidopro topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro Topical Analgesic Cream #1 DOS 4/02/15: 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 patient presents on 02/13/15 with unrated bilateral knee pain (right more than left), unrated lower back pain, which radiates into the bilateral lower extremities, and unrated cervical spine pain which radiates into the bilateral shoulders and upper trapezius muscles. The provider states that this patient's primary complaint is right knee pain and that he is currently pending surgical intervention for this injury. The patient's date of injury is 08/01/93. Patient is status post unspecified ankle surgeries in 1991 and 1997, and right knee surgery in the 1970's. The request is for RETRO LIDOPRO TOPICAL ANALGESIC CREAM #1. The RFA was not provided. Physical examination dated 02/13/15 reveals tenderness to palpation of bilateral cervical paraspinal muscles, significant muscle rigidity in the cervical region, decreased sensation along the lateral arm and forearm bilaterally, positive Tinel’s sign bilaterally. The provider also notes profoundly decreased sensation in the ulnar nerve distribution bilaterally. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, decreased sensation along the L5 dermatomal distribution bilaterally, and positive straight leg raise at 60 degrees on the left and 45 degrees on the right. Right knee examination reveals tenderness to palpation along the medial and lateral joint line with crepitus noted, positive McMurray's sign, and 120 degree range of motion. Left ankle exam revealed swelling, a well-healed surgical scar on the lateral side, tenderness to palpation and slight hypersensitivity throughout, and decreased range of motion in all planes. The patient is currently prescribed Norco, Ultram, Anaprox, Zanaflex, Prilosec, Xanax, Trazodone, Lexapro, Glyburide, and Metformin. Diagnostic imaging was not included; though progress note dated, 02/13/15 references several diagnostic study findings. Right knee MRI dated 02/04/14 showing "evidence of a complete tear of the anterior and posterior horns of the medial meniscus." EMG study dated 09/10/13 showing "bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment." Cervical spine MRI dated 08/03/10 showing: "C5-6 there is a 3mm posterior disc protrusion." Patient is not currently working. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS has the following regarding topical creams p111, chronic pain section: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The FDA for neuropathic pain has designated topical Lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other

commercially approved topical formulations of Lidocaine - whether creams, lotions or gels, are indicated for neuropathic pain." About the request for a trial of Lidopro cream for this patient's chronic pain, the active ingredient in this cream; Lidocaine is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. While this patient presents with a number of chronic pain complaints and reports some relief attributed to this medication, Lidocaine is nonetheless unsupported by MTUS guidelines at this form. Any compounded cream, which contains an unsupported ingredient, is not indicated. Therefore, the request IS NOT medically necessary.

Retro Prilosec 20 MG 1 Tab By Mouth BID #60 DOS 4/02/15: Overturned

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

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

Decision rationale: The patient presents on 02/13/15 with unrated bilateral knee pain (right more than left), unrated lower back pain, which radiates into the bilateral lower extremities, and unrated cervical spine pain which radiates into the bilateral shoulders and upper trapezius muscles. The provider states that this patient's primary complaint is right knee pain and that he is currently pending surgical intervention for this injury. The patient's date of injury is 08/01/93. Patient is status post unspecified ankle surgeries in 1991 and 1997, and right knee surgery in the 1970's. The request is for RETRO PRILOSEC 20MG 1 TAB P.O. BID #60. The RFA was not provided. Physical examination dated 02/13/15 reveals tenderness to palpation of bilateral cervical paraspinal muscles, significant muscle rigidity in the cervical region, decreased sensation along the lateral arm and forearm bilaterally, positive Tinel’s sign bilaterally. The provider also notes profoundly decreased sensation in the ulnar nerve distribution bilaterally. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, decreased sensation along the L5 dermatomal distribution bilaterally, and positive straight leg raise at 60 degrees on the left and 45 degrees on the right. Right knee examination reveals tenderness to palpation along the medial and lateral joint line with crepitus noted, positive McMurray's sign, and 120-degree range of motion. Left ankle exam revealed swelling, a well-healed surgical scar on the lateral side, tenderness to palpation and slight hypersensitivity throughout, and decreased range of motion in all planes. The patient is currently prescribed Norco, Ultram, Anaprox, Zanaflex, Prilosec, Xanax, Trazodone, Lexapro, Glyburide, and Metformin. Diagnostic imaging was not included; though progress note dated, 02/13/15 references several diagnostic study findings. Right knee MRI dated 02/04/14 showing "evidence of a complete tear of the anterior and posterior horns of the medial meniscus." EMG study dated 09/10/13 showing "bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment." Cervical spine MRI dated 08/03/10 showing: "C5-6 there is a 3mm posterior disc protrusion." Patient is not currently working. MTUS, Chronic Pain Medical Treatment Guidelines, page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis." About the request for Prilosec as a prophylactic therapy secondary to high dose NSAID utilization, the request is appropriate. Progress note dated 02/13/15 discusses that this patient has a history of GERD and medication-induced gastritis secondary to NSAID utilization in the past, and that the Prilosec is given as an

effective preventative measure. Given this patient's history of GERD with medication-induced gastritis, and documented efficacy, continuation of Prilosec is substantiated. Therefore, this request IS medically necessary.

Retro Anaprox DS 550 MG 1 Tab By Mouth BID #60 DOS 4/02/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, medications for chronic pain Page(s): 22,60-61.

Decision rationale: The patient presents on 02/13/15 with unrated bilateral knee pain (right more than left), unrated lower back pain, which radiates into the bilateral lower extremities, and unrated cervical spine pain which radiates into the bilateral shoulders and upper trapezius muscles. The provider states that this patient's primary complaint is right knee pain and that he is currently pending surgical intervention for this injury. The patient's date of injury is 08/01/93. Patient is status post unspecified ankle surgeries in 1991 and 1997, and right knee surgery in the 1970's. The request is for RETRO ANAPROX DS 550MG 1 TAB P.O. BID #60. The RFA was not provided. Physical examination dated 02/13/15 reveals tenderness to palpation of bilateral cervical paraspinal muscles, significant muscle rigidity in the cervical region, decreased sensation along the lateral arm and forearm bilaterally, positive Tinel’s sign bilaterally. The provider also notes profoundly decreased sensation in the ulnar nerve distribution bilaterally. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, decreased sensation along the L5 dermatomal distribution bilaterally, and positive straight leg raise at 60 degrees on the left and 45 degrees on the right. Right knee examination reveals tenderness to palpation along the medial and lateral joint line with crepitus noted, positive McMurray's sign, and 120-degree range of motion. Left ankle exam revealed swelling, a well-healed surgical scar on the lateral side, tenderness to palpation and slight hypersensitivity throughout, and decreased range of motion in all planes. The patient is currently prescribed Norco, Ultram, Anaprox, Zanaflex, Prilosec, Xanax, Trazodone, Lexapro, Glyburide, and Metformin. Diagnostic imaging was not included; though progress note dated, 02/13/15 references several diagnostic study findings. Right knee MRI dated 02/04/14 showing "evidence of a complete tear of the anterior and posterior horns of the medial meniscus." EMG study dated 09/10/13 showing "bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment." Cervical spine MRI dated 08/03/10 showing: "C5-6 there is a 3mm posterior disc protrusion." Patient is not currently working. 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 p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Anaprox, the requesting provider has not provided adequate documentation of medication efficacy to continue use. This patient has been taking Anaprox since at least 07/01/14, though there is no mention of efficacy in the subsequent reports. Most recent progress note, dated 02/13/15 does not include any discussion of analgesia or functional improvements attributed to this medication. MTUS guidelines require a record of pain reduction and functional improvements to substantiate the continued use of pain medications, no such record has been provided. Therefore, the request IS NOT medically necessary.