

Case Number:	CM14-0001603		
Date Assigned:	01/22/2014	Date of Injury:	02/28/2002
Decision Date:	03/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year-old female sustained an injury on 2/28/02. Requests under consideration include Prilosec 20mg #60, Dendracin 120ml, and Synovacin #90. Diagnoses include right knee internal derangement, s/p meniscectomy x 2; lumbar strain/ sprain. Report of 11/22/13 from [REDACTED], pain management noted patient with ongoing low back pain radiating to the legs; right knee pain with hypersensitivity which is helped with glucosamine and Dendracin. She gets occasional muscle spasms at night which she takes Fexmid and has history of GI distress when she was on NSAIDS; she is no longer taking any NSAIDS. She does not appear to have any upper GI symptoms at present and Prilosec is prescribed for prophylaxis. Norco is used for knee. Exam showed limited range and TTP in lumbar musculature; right knee swelling with TTP along medial joint line; no documentation of knee crepitus. Last MRI of right knee in 2006 noted suspicious of lateral meniscus tear with small effusion without noted osteoarthritis. Requests for medications above were non-certified on 12/17/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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 Page(s): 68-69.

Decision rationale: Report of 11/22/13 from [REDACTED], pain management noted patient with ongoing radiating low back and right knee pain. It was noted the patient had history of GI distress when she was on NSAIDs; however, she no longer takes any NSAIDs and does not have any current upper GI symptoms. Prilosec is prescribed for prophylaxis. Exam showed limited range of the lumbar spine with tenderness at lumbar musculature and right medial joint line. This medication, Prilosec is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Prilosec 20mg #60 is not medically necessary and appropriate.

Dendracin 120mL: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic Dendracin Lotion over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications as she is taking Norco and Fexmid. Dendracin which has compounded Methyl Salicylate/ Benzocaine/ Menthol may cause increased bleeding. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. Dendracin 120ml is not medically necessary and appropriate.

Synovacin #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50-51.

Decision rationale: The last MRI of right knee in 2006 noted suspicious of lateral meniscus tear with small effusion without noted osteoarthritis. Studies on the benefits of Synovacin (glucosamine) are limited and neither the safety nor the efficacy has been adequately

documented in terms of evidence based medicine standards. Although MTUS recommends glucosamine sulphate as an option for moderate knee osteoarthritis, submitted reports have failed to demonstrate any symptoms, clinical findings or diagnosis for arthritis to support its use. The Synovacin #90 is not medically necessary and appropriate.