

<b>Case Number:</b>	CM14-0160614		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

The patient is a 55-year-old female with a date of injury of 09/06/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Sprain/strain of the left ankle. 3. Current tear of cartilage or meniscus of knee, right. 4. Fracture of tarsal and metatarsal bone, left 5th MT. According to progress report 09/04/2014, the patient presents with continued low back, bilateral knee, bilateral feet and ankle pain. Examination of the lumbar spine noted spasm in the paraspinal muscles. There is tenderness to palpation of the paraspinal muscles. Range of motion was decreased in all planes. Examination of the knees revealed tenderness to pressure over the right medial joint line. Range of motion was within normal range. The treator is requesting refill of medications and a single-point cane. The patient underwent an electrodiagnostic test on 05/01/2014, MRI of the lumbar spine on 03/06/2014, and an MRI of the right knee on 04/26/2014. Utilization review denied the requests on 09/18/2014. Treatments reports from 02/14/2014 through 09/04/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Single point cane:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines under its knee chapter regarding walking aids

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treater is requesting a single point cane. The treater states that this is his third request for the cane. Utilization review denied the request stating that there is no indication that the patient has ambulatory difficulties. ODG guidelines under its knee chapter has the following regarding walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid." In this case, the patient has a cartilage tear in the right knee, and a fracture of tarsal and metatarsal bone. A single point cane to assist in ambulation and to alleviate weight bearing on the knee and foot is reasonable and supported by ODG. The Single Point Cane is medically necessary.

**Omeprazole DR 20mg, 1 daily, #30 with 2 refills-prescribed 9/4/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptom & Cardiovascular.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treater is requesting omeprazole DR 20 mg #30 with 2 refills. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, medical file indicates the patient has been taking naproxen on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request for Omeprazole DR is not medically necessary.

**Orphenadrine ER 100mg, take one twice a day, #60 with 2 refill-prescribed 9/4/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treater is requesting Orphenadrine ER 100mg, take one twice a day, #60 with 2 refills. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants and recommend using

it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. This medication has been prescribed for long term use. The request for Orphenadrine ER is not medically necessary.

**Naproxen Sodium 550mg, take one daily. #30 with 10 refills-prescribed 9/4/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories Page(s): 22.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treater is requesting naproxen sodium 550 mg #30 with 10 refills. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories 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." Review of the medical file indicates the patient has been prescribed naproxen since at least 04/10/2014. Although NSAID is indicated for chronic low back pain, the treater does not discuss the efficacy of this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the request for Naproxen Sodium is not medically necessary.

**Tramadol Hcl 50mg, take one twice daily, #60 with 2 refills-prescribed 9/4/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treater is requesting a refill of tramadol HCl 50 mg #60 with 2 refills. Review of the medical file indicates the patient has been prescribed tramadol since 05/08/2014. The treater does not provide a drug screen, discussions of functional improvement, or pain scale. For opiate management, MTUS Guidelines pages 88 and 89 state, "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). In this case, there is no pain assessment or outcome measures as required by MTUS for chronic opiate use. There is no discussion of medication efficacy and functional changes are not discussed. Furthermore, there are no discussions of possible side effects and Urine drug screens are not administered. Given the lack of sufficient documentation regarding efficacy, continuation of this medication cannot be supported. The request for Tramadol Hcl is not medically necessary.

**Capsaicin 0.025% cream, apply to affected areas twice a day, 2 refills-prescribed 9/4/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin cream Page(s): 29.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treater is requesting capsaicin topical cream 0.025% to be applied to the affected area twice daily with 2 refills. Utilization review denied the request stating, "Capsaicin is considered as a topical option if there is intolerance to oral agents. As there is no intolerance reported and the patient appears to be tolerating the use of NSAID, the capsaicin is not medically appropriate." For capsaicin, MTUS Guidelines page 29 states, "Recommended only as an option in patients who have not responded or are intolerant to other treatment. There are positive randomized studies with capsaicin cream and patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain." In this case, the patient continues with non-specific low back pain with radiculopathy. Given the patient's continued symptoms, the use of capsaicin at 0.025% concentration may be indicated. However, the treater has prescribed this medication since 4/10/14 without discussing its efficacy. MTUS page 60 requires pain assessment and functional changes when medications are used for chronic pain. The request for Capsaicin 0.025% cream is not medically necessary.