

Case Number:	CM14-0163410		
Date Assigned:	10/08/2014	Date of Injury:	07/26/2007
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and 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 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 injured worker is a 77-year-old male who reported an injury on 07/26/2007. The mechanism of injury occurred when he was trapped between a tug and his work truck. Diagnoses included iliofemoral sprain, status post right plica release, and status post right femur ORIF. Past treatments included physical therapy, chiropractic manipulation, right knee brace, and medications. Diagnostic studies included an official ultrasound of the abdomen on 01/24/2014 which revealed negative results. An official colonoscopy was completed on 03/07/2007 and revealed no evidence of any inflammatory bowel disease and no polyps were identified. An official MRI of the right knee was completed on 02/22/2010 and revealed postoperative changes of the distal femur, patellar tendinosis/tendinopathy, grade 2 degenerative changes within the posterior horn of the medial meniscus, degenerative changes of the patellofemoral compartment, and mild sprain of the anterior cruciate ligament. An official MRI of the lumbar spine was completed on 02/22/2010 and revealed L2-3 bilateral neural foraminal stenosis, disc bulge at L3-4 with neural foraminal stenosis, facet arthropathy at L5-S1, and diffuse osteopenia. Surgical history included right knee arthroscopic lateral release and plica excision on 02/02/2009 and intramedullary nailing of the right femur fracture in 2007. The clinical note dated 09/05/2014 is largely illegible, but indicated the injured worker reported improvements in the right knee and right hip secondary to recent physical therapy. The injured worker rated his pain 4/10 with medications and 8/10 without medications. The physical exam revealed tenderness to palpation of the right knee and right hip, right knee crepitus, and range of motion of the right knee of flexion 140 degrees and extension 0 degrees. Current medications included Ultracin lotion, Prilosec 20 mg, and Motrin. The treatment plan included Ultracin lotion twice a day, Prilosec 1 tab #30, and Motrin 1 tab 3x #100. The rationale for the treatment plan was symptomatic relief

from pain and gastrointestinal upset. The Request for Authorization form was completed on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Topical Lotion 120ml Apply Twice a Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: The request for Ultracin topical lotion 120 mL apply twice a day is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized control trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Ultracin lotion contains methyl salicylate 28%, menthol 10%, and capsaicin 0.025%. The guidelines indicate that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is indicated for injured workers with osteoarthritis, fibromyalgia, and chronic nonspecific back pain. The clinical note dated 09/05/2014 is largely illegible, but indicated the injured worker reported improvement in symptoms of the right knee and right hip. He rated his pain 4/10 with medications and 8/10 without medications. It is unclear how long the injured worker had been taking the requested medication. There is a lack of clinical documentation to indicate that the injured worker had not responded, or was intolerant to other medications. Additionally, the request does not indicate the specific location for using the topical lotion. Therefore, the treatment plan cannot be supported at this time and the request for Ultracin topical lotion 120 mL apply twice a day is not medically necessary.

Prilosec 1tab #30: 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 request for Prilosec 1 tab #30 is not medically necessary. The California MTUS Guidelines indicate that a patient is at risk for a gastrointestinal event if they are over the age of 65 years; have a history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. The injured worker had been taking the requested medication since at least 04/2012. The clinical documentation provided indicated the injured worker had previous complaints of abdominal pain

and discomfort. An official colonoscopy report from 2007 and a recent abdominal ultrasound from 01/2014 reported results within normal limits. There is a lack of clinical documentation of the efficacy of the requested medication, as the abdominal ultrasound completed in 01/2014 was due to the injured worker's complaints of abdominal pain. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Prilosec 1 tab #30 is not medically necessary.

Motrin 1tab 3x #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Motrin 1 tab 3x #100 is not medically necessary. The California MTUS Guidelines indicate that non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain from osteoarthritis. The clinical note dated 09/05/2014 is largely illegible but indicated the injured worker reported improvement in symptoms of the right knee and right hip secondary to recent physical therapy. He rated his pain 4/10 with medications and 8/10 without medications. The injured worker had been taking the requested medication since at least 04/2012, and the guidelines indicate that NSAIDs should only be used for a short period of time. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Motrin 1 tab 3x #100 is not medically necessary.