

Case Number:	CM14-0166466		
Date Assigned:	10/13/2014	Date of Injury:	07/25/2005
Decision Date:	11/13/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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, 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 57-year-old male with a date of injury of 07/25/2014. The listed diagnoses per [REDACTED] are: 1. Impingement syndrome on the left shoulder. Status post arthroscopy, rotator cuff repair in 2009. 2. Internal derangement of the knee, on the right. Status post 3 Hyalgan injections. 3. Internal derangement of the left knee. 4. Sleep disorder. 5. Constipation. 6. Some element of depression. According to progress report 08/18/2014, the patient presents with bilateral knee and left shoulder pain. The patient is utilizing a custom brace for the bilateral knees, hot and cold wrap, and a TENS unit. Examination revealed "tenderness along lateral knee on the right knee with overall good strength. No effusion is noted." Treater is requesting cyclobenzaprine 7.5 mg #60, gabapentin 600 mg #90, LidoPro ointment, pantoprazole 20 mg #60, Terocin patches #30, and 5 left knee Hyalgan injections to the left knee. Utilization review denied the request on 09/17/2014. Treatment reports from 06/20/2014 through 08/18/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) MTUS Page(s): 63,64.

Decision rationale: This patient presents with bilateral knee and left shoulder pain. The treater is requesting a refill of Cyclobenzaprine 7.5 mg #60. The MTUS page 64 states that Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, prior progress reports do not discuss Cyclobenzaprine. It appears to be an initial request. Cyclobenzaprine is not recommended for long-term use and given the treater prescribed #60, the request is not medically necessary.

Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin, Medications for chronic pain Page(s): 18 and 19, 60, 61.

Decision rationale: This patient presents with bilateral knee and left shoulder pain. The treater is requesting a refill of Gabapentin 600 mg #90. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first-line treatment for neuropathic pain." Progress report 06/28/2014 indicates that the patient has radiating low back pain into his left buttocks. In this case, the patient has been utilizing Gabapentin since at least 06/28/2014 for his neuropathic pain, but the treater does not discuss the efficacy of this medication. MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the request is not medically necessary.

Lidopro oint 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding topical creams(chronic pain section) Topical Analgesics Page(s): 111,112.

Decision rationale: This patient presents with bilateral knee and left shoulder pain. The treater is requesting LidoPro ointment. LidoPro compound cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The request is not medically necessary.

Pantoprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: This patient presents with bilateral knee and left shoulder pain. The treater is requesting Pantoprazole 20 mg #60. 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, there is no indication that the patient is taking NSAID to consider the use of Pantoprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of this medication. The request is not medically necessary.

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams(chronic pain section):Topical Analgesics Page(s): 111,112.

Decision rationale: This patient presents with bilateral knee and left shoulder pain. The treater is requesting Terocin patches #30. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommend for localized peripheral pain after there has been evidence of trial of first line therapy." In this case, the patient does not present with neuropathic pain that is peripheral and localized. The request is not medically necessary.

Left Knee Hyalgan Injections times 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter; Hyaluronic acid injections

Decision rationale: This patient presents with bilateral knee and left shoulder pain. The treater is requesting 5 left knee Hyalgan injections as the prior series from 6 months ago gave him "good relief temporarily." The MTUS Guidelines do not discuss Hyaluronic acid knee injections. Therefore, return to ODG for further discussion. ODG under its Knee Chapter recommends "Hyaluronic acid injection as a possible option for severe osteoarthritis who have

not responded adequately to recommend a conservative treatments including exercise, NSAIDs, or acetaminophen to potentially delay total knee replacements or who have failed the previous knee surgery for arthritis, but in recent quality studies, the magnitude of improvement appears modest." In this case, the treater states that the patient had "temporary" relief of pain following prior injections. Operative report and x-rays were not provided and progress reports do not discuss this improvement. ODG guidelines do not recommend repeating the injection unless there has been a significant reduction of symptoms lasting more than 6 months. Given the patient had only temporary relief, the requested repeat injections are not supported. The request is not medically necessary.