

<b>Case Number:</b>	CM13-0070139		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 45 year old male, who sustained an industrial injury reported on 9/10/2013. He has reported constant, and/or intermittent, pain to the upper and mid back, and right and left shoulders and knees; headaches, and loss of sleep due to pain. The diagnoses were noted to have included: abrasion and contusion to the head; post-traumatic headache and post-concussion syndrome; cervical radiculopathy; cervical, thoracic and lumbar sprain/strain; left shoulder sprain/strain and impingement syndrome; left knee sprain/strain; right knee sprain/strain and internal derangement; and sleep disturbance. Treatments have included consultations; diagnostic imaging; diagnostic urine studies; physical therapy; and medication management. The most current work status classification for this injured worker (IW) was noted to be totally temporarily disabled until 12/30/2013. On 12/11/2013, Utilization Review (UR) non-certified, for medical necessity, the retroactive requests, made on 11/27/2013, for omeprazole 20mg, 1 tab, twice a day, #60; naproxen 500mg, 1 tab, twice a day, #60; cartivisc 500/200/150mg, 1-3 tabs, three times a day, #90; and restone 3/100mg, 0.5 tab, at bedtime, #30. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, omeprazole, non-steroidal anti-inflammatory drugs, the Official Disability Guidelines, herbal medicines, low back chapter, insomnia treatments - melatonin, glucosamine - cartivisc, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request For Omeprazole 20mg #60, One (1) Tablet Twice A Day (Date Of Service: 11/27/13): 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:** Based on the 11/27/13 progress report provided by treating physician, the patient presents with pain to the upper and mid back, and right and left shoulders and knees; headaches, and loss of sleep due to pain. The request is for Retrospective Request For Omeprazole 20mg #60 One (1) Tablet Twice A Day (DOS 11/27/13). Patient's diagnosis per Request for Authorization form dated 11/27/13 included fracture of neck and trunk; post concussion syndrome; sprains and strains of lumbar; sprains and strains unspecified site; and neuralgia, neuritis and radiculitis, unspecified. Patient's medications include Naproxen, Omeprazole, Restone, Crondrolite, Tramadol and topical creams, per treater report dated 11/15/13. The patient is temporarily totally disabled, per treater report dated 11/15/13. MTUS pg 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 Protonix, 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. Treater has not provided reason for the request. Omeprazole and Naproxen have been prescribed in progress reports dated 11/15/13 and 11/27/13. Patient is on NSAID therapy, however treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress report does not show evidence of gastric problems, and there is no mention of GI issues. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Retrospective Request For Naproxen 500mg #60, One (1) Tablet Twice A Day (Date Of Service: 11/27/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN (NAPROSYN) Page(s): 73.

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

**Decision rationale:** Based on the 11/27/13 progress report provided by treating physician, the patient presents with pain to the upper and mid back, and right and left shoulders and knees; headaches, and loss of sleep due to pain. The request is for Retrospective Request For Naproxen 500mg #60 One (1) Tablet Twice A Day (DOS 11/27/13). Patient's diagnosis per Request for Authorization form dated 11/27/13 included fracture of neck and trunk; post concussion

syndrome; sprains and strains of lumbar; sprains and strains unspecified site; and neuralgia, neuritis and radiculitis, unspecified. Patient's medications include Naproxen, Omeprazole, Restone, Crondrolite, Tramadol and topical creams, per treater report dated 11/15/13. The patient is temporarily totally disabled, per treater report dated 11/15/13. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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. 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. Treater has not provided reason for the request. Naproxen has been prescribed in progress reports dated 11/15/13 and 11/27/13. Treater does not discuss the impact of the NSAID on patient's pain or function any of the reports. Although use of oral NSAIDs may be indicated given the patient's chronic pain condition, without documentation of efficacy, it is not supported by MTUS. Therefore, the request IS NOT medically necessary.

**Retrospective Request For Cartivisc 500/200/150mg #90, One To Three (1-3) Tablets Three (3) Times A Day (Date Of Service: 11/27/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (UPDATED 10/06/13), GLUCOSAMINE (AND CHONDROITIN SULFATE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter under Glucosamine (and Chondroitin sulfate).

**Decision rationale:** Based on the 11/27/13 progress report provided by treating physician, the patient presents with pain to the upper and mid back, and right and left shoulders and knees; headaches, and loss of sleep due to pain. The request is for Retrospective Request For Cartivisc 500/200/150mg #90 One To Three (1-3) Tablets Three (3) Times A Day (DOS 11/27/13). Patient's diagnosis per Request for Authorization form dated 11/27/13 included fracture of neck and trunk; post concussion syndrome; sprains and strains of lumbar; sprains and strains unspecified site; and neuralgia, neuritis and radiculitis, unspecified. Patient's medications include Naproxen, Omeprazole, Restone, Crondrolite, Tramadol and topical creams, per treater report dated 11/15/13. The patient is temporarily totally disabled, per treater report dated 11/15/13. MTUS Guidelines, page 50, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES states: "Glucosamine (and Chondroitin Sulfate): Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis... page 50 recommends glucosamine sulfate, and chondroitin sulfate but not glucosamine hydrochloride." ODG-TWC, Pain (Chronic) Chapter under Glucosamine (and Chondroitin sulfate) states: "Recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all

outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)."Treater has not provided reason for the request. Cartivisc has been prescribed in progress report dated 11/27/13. Glucosamine and Chondroitin are recommended by MTUS and ODG for moderated arthritis, especially for knee conditions. In this case, patient presents with knee pain, but knee arthritis is not documented in any of the progress reports for which this medication may be indicated. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Retrospective Request For Restone 3/100mg #30, One Half (1/2) Tablet At Bedtime (Date Of Service: 11/27/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (UPDATED 10/06/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website [www.rxwiki.com](http://www.rxwiki.com) Official disability guidelines Pain chapter, Medical food.

**Decision rationale:** Based on the 11/27/13 progress report provided by treating physician, the patient presents with pain to the upper and mid back, and right and left shoulders and knees; headaches, and loss of sleep due to pain. The request is for Retrospective Request For Restone 3/100mg #30, One Half (1/2) Tablet At Bedtime (DOS 11/27/13). Patient's diagnosis per Request for Authorization form dated 11/27/13 included fracture of neck and trunk; post concussion syndrome; sprains and strains of lumbar; sprains and strains unspecified site; and neuralgia, neuritis and radiculitis, unspecified. Patient's medications include Naproxen, Omeprazole, Restone, Crondrolite, Tramadol and topical creams, per treater report dated 11/15/13. The patient is temporarily totally disabled, per treater report dated 11/15/13. [www.rxwiki.com](http://www.rxwiki.com) Restone is a brand name medication included in the following groups of medications: Other antidepressants, Melatonin receptor agonists. Restone consists of Melatonin and Tryptophan. Regarding medical food, ODG-TWC, Pain Chapter, under Vitamin B states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1. The product must be a food for oral or tube feeding. 2. The product must be labeled for dietary management of a specific medical disorder. 3. The product must be used under medical supervision. Treater has not provided reason for the request. Restone has been prescribed in progress reports dated 11/15/13 and 11/27/13. The patient has a diagnosis of sleep difficulty. However, there are no guideline recommendations for this particular supplement's use in the management of sleep complaints. Therefore, this request IS NOT medically necessary.