

<b>Case Number:</b>	CM14-0158220		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 19, 2013. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for fenoprofen, omeprazole, tramadol, three viscosupplementation injections, CBC, and CMP. The claims administrator referenced an August 13, 2014 progress note. The claims administrator noted that the applicant had received a knee steroid injection without any relief. The applicant's attorney subsequently appealed. On December 5, 2014, the applicant reported persistent complaints of knee pain, at age 42. The applicant had failed 20 sessions of physical therapy, 20 sessions of manipulative therapy, and eight sessions of occupational therapy, the attending provider stated. The attending provider also stated that the applicant had tried Naprosyn and Motrin without benefit and had also failed a knee corticosteroid injection. The attending provider acknowledged that the applicant had not had any prior knee surgeries. The attending provider stated that the applicant was using Prilosec for GI upset in one section of the note but then stated that the applicant had no side effects with any of her medications. It was not clearly established, thus, whether the applicant was using Prilosec for actual symptoms of dyspepsia versus prophylactically. The applicant's medication list included fenoprofen, tramadol, and Prilosec, it was stated. The attending provider reiterated his request for viscosupplementation injections. The attending provider referenced an MRI of the knee dated December 12, 2013 notable for small joint effusion, minimal femorotibial sprain, and a slightly diminutive but grossly intact anterior cruciate ligament. X-rays of the knee dated June 21, 2013 were negative

for any fracture or dislocation. The attending provider stated that he was intent on pursuing viscosupplementation injections for reported degenerative joint disease but did not elaborate how he had made this diagnosis. At the bottom of the report, the attending provider stated that he was prescribing a trial of Ultracet and introducing Relafen. The applicant was seemingly asked to discontinue fenoprofen in favor of Relafen. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not clearly stated. In an earlier note dated October 9, 2014, the applicant again reported ongoing complaints of knee pain. The applicant was having difficulty walking. 5-6/10 knee pain was noted. The applicant was using fenoprofen, tramadol, and Prilosec. The applicant stated that these medications were diminishing her pain by 50% and were allowing her to sit and walk for greater amounts of time. At the bottom of the report, the attending provider stated that he was refilling tramadol. The attending provider then stated that he asked the applicant to discontinue fenoprofen and Prilosec owing to reported drowsiness experienced when using the same. Permanent work restrictions were renewed. Viscosupplementation injections were sought. The attending provider then stated that usage of tramadol had diminished the applicant's appetite and that the applicant had lost 10 pounds over the preceding month.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fenoprofen Calcium 400mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Antiinflammatory Medications Page(s).

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and/or page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy and side effects into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing usage of Fenoprofen. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. The attending provider stated that the applicant was experiencing intolerable side effects with drowsiness on October 9, 2014 with ongoing usage of Fenoprofen. Ongoing usage of Fenoprofen failed to curtail the applicant's dependence on opioid agents such as Tramadol and Ultracet. The applicant is not, it is incidentally noted, working with previously imposed permanent limitations. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS despite ongoing usage of Fenoprofen. Therefore, the request is not medically necessary.

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk, Functional Restoration Approach to Chronic Pain M.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the attending provider's reporting of events was very difficult to follow and, at times, internally inconsistent. The attending provider seemingly stated in some sections of his notes that the applicant was using Omeprazole for actual symptoms of dyspepsia, while other sections of the same note suggested that the applicant was using Omeprazole for gastric protective effect as opposed to for actual symptoms of dyspepsia. The incongruous reporting of the need for Prilosec, thus, makes it difficult to justify continuing the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines note that an attending provider should incorporate some discussion of medication side effects into his choice of recommendations. Here, the attending provider reported on October 9, 2014 that the applicant was experiencing intolerable issues with drowsiness secondary to Prilosec (Omeprazole) usage. Discontinuing the same, thus, appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 12, 13, 83, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, despite ongoing usage of Tramadol. The applicant continues to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing usage of Tramadol. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Outpatient series of three (3) orthovisc injections to the left knee over three (3) weeks:**  
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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Viscosupplementation Injections.

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation (Orthovisc) injections are recommended for applicants with moderate-to-severe knee osteoarthritis which is unsatisfactorily controlled with NSAIDs, Tylenol, weight loss, or exercise strategies, in this case, however, there is no clear or compelling evidence of knee arthritis. The applicant was/is 42 years old, calling into question the purported diagnosis of knee arthritis. X-rays of the knee and/or MRI of the knee dated June 21, 2013 and December 10, 2013, moreover, did not establish any clear or compelling evidence of moderate-to-severe knee osteoarthritis. The applicant has not seemingly had any prior knee surgery and/or sustained significant trauma at the knee, further calling into question the alleged diagnosis of knee osteoarthritis. Therefore, the request is not medically necessary.

**CBC with differential:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, the routinely suggested laboratory monitoring of applicants using NSAIDs includes periodic testing of CBC and chemistry profile to include renal and hepatic function testing. Here, the applicant was/is using a variety of NSAIDs, including Relafen, Fenoprofen, etc. Testing the applicant's hematologic function was, thus, indicated to ensure that the applicant's hematologic function was consistent with currently prescribed medications. Therefore, the request is medically necessary.

**CMP (comprehensive metabolic panel):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routinely suggested laboratory monitoring in applicants using NSAIDs includes periodic testing of CBC and chemistry profile to include renal and hepatic function testing. The CMP testing at issue does include both renal and hepatic function testing. Testing the applicant's CMP was, thus, indicated to ensure that the applicant's renal and hepatic function were consistent with currently prescribed medications. Therefore, the request is medically necessary.

