

<b>Case Number:</b>	CM14-0214100		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: 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 patient is a 54 year old female with an injury date of 05/16/13. Based on the 11/11/14 progress report, the patient complains of lumbar spine pain and right knee pain. The lumbar spine pain is localized and pain level is at 7/10. The patient reports the pain decreases with medications. The right knee pain is constant and difficult to ambulate. There is tenderness lumbar paraspinals and tenderness noted over right knee joint line. The patient has antalgic gait and use a cane for ambulation. The diagnoses include following: 1. Lumbar spine sprain/strain. 2. Right knee arthralgia. 3. R/O knee IDThe treatment plan includes refill Prilosec, Norco, and Naproxen. X-ray of the chest, frontal and lateral view dated 07/29/14 showed no acute process in the chest. Ultrasound echocardiogram dated 08/13/14 revealed trace mitral valve regurgitation and mildly pulmonic valve regurgitation. Ultrasound neck soft tissues dated 09/03/14 revealed dilatation subclavian artery. The patient underwent surgery of the right knee dated 11/18/14: Partial lateral meniscectomy of fraying, extensive xynovectomy of multiple compartments, and chondroplasty. The work status is deferred to PTP. Based on the 12/09/14 report, the pain level is at 8/10 and the range of motion of lumbar spine is decreased with pain. The treating physician is requesting for Naproxen, Prilosec, Norco 5/325mg #30, and creams per 11/11/14 report. The utilization review determination being challenged is dated 12/09/14. The requesting physician provided treatment reports from 06/12/14-12/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Naproxen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Medication for chronic pain. Page(s): 22,60.

**Decision rationale:** This patient presents with lumbar spine pain and right knee pain. The request is for Naproxen. Review of reports does not show when the patient started to take this medication but it was listed as refill medication as early as 06/12/14. The utilization review letter dated 12/09/14 showed as of 02/04/14 dose of the medication was 550mg #60. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Naproxen. None of the reports discuss medication efficacy although it's been used for long-term. The request IS NOT medically necessary.

**Refill Prilosec:** Upheld

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

**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 lumbar spine pain and right knee pain. The request is for Prilosec. Review of reports does not show when the patient started to take this medication but it was listed as refill medication as early as 06/19/14. 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." In this case, none of the reports shows efficacy of this medication. Patient has been treated with Naproxen but there is no mention of dyspepsia secondary to NSAID therapy in review of reports. Furthermore, the provider does not provide GI risk assessment for prophylactic use of PPI as required by MTUS. The request IS NOT medically necessary.

**Refill Norco 5/325 mg. #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Medication for chronic pain. Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** This patient presents with lumbar spine pain and right knee pain. The request is for Norco 5/325mg #30. The request was certified by utilization review letter dated 12/09/14 with modification to Norco 5/325mg #30. Review of the report does not show when the patient started to take Norco but Norco was listed as refill medication on 11/11/14 report. The patient has been taking Tramadol 50mg for pain prior to Norco. The request of refill of this medication was on 11/11/14 and the patient underwent right knee surgery on 11/18/14. There is no discussion of post-operative pain medications. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 11/11/14 report, the patient reports that lumbar spine is constant and rated at 7/10 and better with medications. However, the treating physician provides no discussions regarding how Norco has been helpful in terms of decreased pain or functional improvement. The required four A's (analgesia, ADL's, adverse effects, and aberrant behavior) are not discussed and "outcome measure" as required by MTUS are not addressed. No numerical value or validated instrument is used to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request IS NOT medically necessary.

**Refill "creams":** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111 and 112.

**Decision rationale:** This patient presents with lumbar spine pain and right knee pain. The request is for Cream. The treater does not state cream ingredients on the request. According to utilization review letter dated 12/09/14, Methoderm cream was listed as refill medication on 02/04/14 progress report. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg. 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. In this case, the patient is diagnosed with right knee arthralgia and Methoderm cream is supported by MTUS for peripheral joint arthritis/tendinitis condition. However, Methoderm is not listed as refill medication on 11/11/14 report. This report was brief and there was no current medications listed. The treater does not indicate what this cream is. Even assuming that this is Methoderm, there is no discussion regarding how it is being used and with what efficacy. MTUS page 60 require recording of pain and function when

medications are used for chronic pain. Given the lack of sufficient documentation, the request IS NOT medically necessary.