

<b>Case Number:</b>	CM14-0214514		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/20/2006
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/17/2014
<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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59 year old female injured worker with date of injury 9/20/06 with related bilateral knee pain. Per progress report dated 10/10/14, the injured worker complained of pain rated 3-4/10 in intensity. She had a history of prior right knee arthroscopy in 2011 and a left knee total arthroscopy in 2009. Physical exam of the left knee revealed range of motion from 0 to 120 degrees. There was a clicking sensation over the anterior aspect with passive motion. Evaluation of the right knee revealed range of motion from 0 to 130 with discomfort at the endpoint of range of motion. There was mild tenderness over the medial and lateral joint spaces and a negative McMurray's test. There was no instability of either knee. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery and medication management. The date of UR decision was 12/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550MG Tab (Unspecified Frequency & Duration), Quantity: 60, Refill: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** Current guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. In terms of treatment of the hand it should be noted that there are no placebo trials of efficacy and recommendations have been extrapolated from other joints. The selection of acetaminophen as a first-line treatment appears to be made primarily based on side effect profile in osteoarthritis guidelines. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis in terms of pain reduction, global assessments and improvement of functional status. I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Motrin is indicated for the injured worker's knee pain. The request is medically necessary.

**Omeprazole DR 20mg capsule (Unspecified Frequency & Duration), Quantity: 60, Refill: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular Risk Page(s): 6.

**Decision rationale:** In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)"While it is noted that the injured worker is on NSAID therapy with naproxen, there is no documentation of peptic ulcer, GI bleeding or perforation, or

cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low. Medical necessity cannot be affirmed.

**Tizanidine HCL 4mg tablet (Unspecified Frequency & Duration), Quantity:60, Refill:1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

**Decision rationale:** Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The medical records submitted for review do not indicate that the injured worker suffers from chronic low back pain. The request is not medically necessary.