

Case Number:	CM15-0112268		
Date Assigned:	06/18/2015	Date of Injury:	02/12/2012
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old male patient who sustained an industrial injury on 02/12/2012. Diagnoses include status post right knee arthroscopic surgery on 03/23/2013, right knee medial and lateral meniscus oblique tear and partial tear of the posterior portion of the posterior cruciate ligament per Magnetic Resonance Imaging dated 10/9/2013, right wrist sprain/strain, carpal tunnel syndrome with a tear of the triquetrum ligament, status post right carpal tunnel release on 08/07/2013, left wrist sprain/strain, rule out carpal tunnel syndrome, left knee post arthroscopic surgery on March 22, 2014, lumbar spine sprain/strain with multiple disk bulges noted at the levels of L4-L5 and L5-S1 per Magnetic Resonance Imaging dated 07/05/2014. Per the physician progress note dated 05/08/2015 he had complains of increased pain to his right knee and low back. His low back pain continues to radiate down to both legs with numbness and tingling sensation. He notices his right knee buckles more frequently, predominantly with walking. The physical examination revealed Lumbar spine- range of motion restricted, tightness and spasm in the lumbar paraspinal musculature bilaterally, hypoesthesia along the anterolateral aspect of the foot and ankle, L5 and S1 dermatome level on the left, weakness with big toe dorsiflexion and big toe plantar flexion; Right knee range of motion: extension 180 degrees, flexion 40 degrees, positive McMurray's test on the right, medial joint line tenderness on the right, positive chondromalacia patellar compression on the right and swelling of the right knee. The medications list includes Norco, Fexmid, Morphine Sulfate, voltaren, prilosec and Ambien. In addition laboratory studies to be done prior to injections for clearance, and arthroscopy of the right knee. He has undergone right knee arthroscopic surgery on 03/23/2013, right carpal tunnel release on 08/07/2013 and left knee arthroscopic surgery on March 22, 2014. He has had multiple diagnostic studies including lumbar spine Magnetic Resonance Imaging dated 07/05/2014, which revealed multiple disk bulges noted at the levels of L4-L5 and L5-S1; right knee Magnetic Resonance Imaging dated 10/9/2013, which revealed medial and lateral meniscus

oblique tear and partial tear of the posterior portion of the posterior cruciate ligament per; Magnetic Resonance Imaging of the right knee post arthrogram dated on 04/23/2015 which revealed findings consistent with a tear in the posterior interior margin of the medial meniscus, grade II signal is seen in the lateral meniscus, and there is evidence of a repaired anterior cruciate ligament, which is in satisfactory position, and the posterior cruciate ligament appears intact. He has had physical therapy visits for this injury. Treatment requested is for Prilosec 20mg #60, Ultram ER 150mg #60, and Voltaren XR 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. "Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had chronic low back pain and right knee pain. He has had significant findings on physical examination-Lumbar spine- range of motion restricted, tightness and spasm in the lumbar paraspinal musculature bilaterally, hypoesthesia along the anterolateral aspect of the foot and ankle, L5 and S1 dermatome level on the left, weakness with big toe dorsiflexion and big toe plantar flexion; Right knee range of motion: extension 180 degrees, flexion 40 degrees, positive McMurray's test on the right, medial joint line tenderness on the right, positive chondromalacia patellar compression on the right and swelling of the right knee. He has undergone bilateral knee and right wrist surgeries. He has had diagnostic studies with significant abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram ER 150mg #60 is medically necessary to use as prn during acute exacerbations.

Prilosec 20mg #60: 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, Proton-pump inhibitor.

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

Decision rationale: Prilosec contains omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. . . Treatment of dyspepsia secondary to NSAID therapy. " Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(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). "There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. Prilosec 20mg #60 is not medically necessary for this patient.

Voltaren XR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Anti-inflammatory medications Diclofenac.

Decision rationale: Diclofenac is an NSAID. According to the cited guidelines "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. " (Van Tulder-Cochrane, 2000) Patient had chronic low back pain and right knee pain. Therefore, use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. " The response and failure of other NSAIDs is not specified in the records provided. Voltaren XR 100mg #60 is not fully medically necessary as a first line NSAID due to its risk profile.