

Case Number:	CM15-0116383		
Date Assigned:	06/24/2015	Date of Injury:	04/07/2014
Decision Date:	08/18/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 48 year old male patient who sustained an industrial injury on 04/07/2014. The accident was described as while working cleaning the store at the end of a shift he went outdoors to the parking lot intending on dumping garbage into canister and as he approached the dumpster he nearly dropped the can and used his left knee to hold it upright as he emptied the container. He felt the acute onset of back pain and left knee pain. He reported the incident was evaluated and treated with oral medications, acupuncture and a course of physical therapy. The patient also had psychotherapy sessions. He additionally complained of experiencing anxiety, insomnia and depression thereafter. On 05/09/2015 the patient underwent a left knee arthroscopy. At a follow up orthopedic visit dated 04/30/2015 the patient reported mild pain in the neck, right shoulder and left knee. In addition he is with headaches; overall feeling better than the last visit. He has been attending post-operative physical therapy session that seems to improve him. The patient is not currently working. He states taking Naprosyn, Prilosec, and Tylenol. The following diagnoses were applied: left knee lateral meniscus tear; cervical herniated nucleus pulposus at C5-6, C6-7 without radicular symptom; lumbar herniated nucleus pulposus at L5-S1 without radicular symptom; bilateral shoulder intermittent pain; left ankle pain, resolved; headache; anxiety, depression, insomnia, status post partial lateral meniscectomy, left knee, gout, and probable rheumatoid arthritis component.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA (urinalysis) toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December." The patient does not currently appear to be on opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for UA (urinalysis) toxicology is not medically necessary.

Naprosyn 550 mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain.

The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. The treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for Naprosyn 550 mg Qty 60 with 5 refills is not medically necessary.

Probenecid 250 mg Qty 60 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Univ of Texas at Austin, School of Nursing, Family Nurse Practitioner Program, Management of chronic gout in adults, May 2010, pg 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate, Probenecid.

Decision rationale: MTUS and ODG are silent regarding probenecid, other guidelines were referenced. Per uptodate.com "Probenecid, although infrequently used, is the most widely used of the uricosuric drugs in the United States, where sulfinpyrazone has been withdrawn from the market. Other uricosuric agents, such as benzbromarone, have gained use elsewhere [39, 53]. Probenecid is started at a dose of 250 mg twice daily; increments in dose are titrated according to the serum urate concentration. The dose is typically raised every several weeks to a usual maintenance dose of 500 to 1000 mg two or three times daily, aiming for the usual target for urate lowering in gout of a serum urate <6 mg/dl (< 357 micromol/L). The maximal effective dose is 3 g/day." Probenecid is the most widely used of the uricosuric drugs in the United States. This patient has a diagnosis of gout, the request is within guidelines. As such, the request for Probenecid 250 mg Qty 60 with 5 refills is medically necessary.

Topical creams: Gabapentin, Ketoprofen, Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non steroidal anti-inflammatory agents).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Topical creams: Gabapentin, Ketoprofen, Tramadol is not medically necessary.