

Case Number:	CM15-0125325		
Date Assigned:	07/09/2015	Date of Injury:	07/13/2006
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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, Florida, 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 injured worker is a 72-year-old male, who sustained an industrial injury on 7/13/06. The injured worker has complaints of back pain, right knee pain and bilateral shoulder pain. The lumbar spine examination revealed diffuse tenderness with limited range of motion and straight leg raising is positive bilaterally at 45 degrees. The right knee examination demonstrates patellofemoral compression crepitation as well as 1+ effusion. The diagnoses have included right knee tear lateral meniscus and possible tear medial meniscus; right knee chondromalacia; protrusion 5 millimeter L3-4 and L4-5 and 3 millimeter L5-S1 (sacroiliac) with neural encroachment and stratus post right knee surgery times two. Treatment to date has included right knee surgery on 2/26/07 of a partial lateral meniscectomy, arthroscopic chondroplasty of the lateral femoral condyle, arthroscopic tricompartmental synovectomy and removal of chondral loose bodies; right shoulder surgery on 8/26/07 in the form of subacromial decompression, debridement of rotator cuff tear, synovectomy and bursectomy; hydrocodone/acetaminophen; naproxen; omeprazole and zolpidem tartrate. The request was for Pantoprazole 20mg (quantity unspecified); ambien 10mg #30; ambien CR 12.5mg #30 and 3 extracorporeal shockwave therapy sessions utilizing the electro medical systems Swiss Dolor Clast Extracorporeal Shockwave Therapy (ESWT) device, 2000 shocks at the level 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured in 2006 with back, right knee and shoulder pain. The diagnoses have included right knee tear lateral meniscus and possible tear medial meniscus; right knee chondromalacia; protrusion 5 millimeter L3-4 and L4-5 and 3 millimeter L5-S1 (sacroiliac) with neural encroachment and stratus post right knee surgery times two. Treatment to date has included right knee surgery on 2/26/07 of a partial lateral meniscectomy, arthroscopic chondroplasty of the lateral femoral condyle, arthroscopic tricompartmental synovectomy and removal of chondral loose bodies; right shoulder surgery on 8/26/07 in the form of subacromial decompression, debridement of rotator cuff tear, synovectomy and bursectomy. Medicines had been hydrocodone/acetaminophen; naproxen; omeprazole and zolpidem tartrate. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.

Ambien 10mg #30: 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 (Chronic): Insomnia treatment. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

Decision rationale: As noted previously, the claimant was injured in 2006 with back, right knee and shoulder pain. The diagnoses have included right knee tear lateral meniscus and possible tear medial meniscus; right knee chondromalacia; protrusion 5 millimeter L3-4 and L4-5 and 3 millimeter L5-S1 (sacroiliac) with neural encroachment and stratus post right knee surgery times two. Treatment to date has included right knee surgery on 2/26/07 of a partial lateral meniscectomy, arthroscopic chondroplasty of the lateral femoral condyle, arthroscopic tricompartmental synovectomy and removal of chondral loose bodies; right shoulder surgery on 8/26/07 in the form of subacromial decompression, debridement of rotator cuff tear, synovectomy and bursectomy. Medicines had been hydrocodone/acetaminophen; naproxen; omeprazole and zolpidem tartrate. The MTUS is silent on the long-term use of Zolpidem, also

known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long-term usage. The medicine was appropriately not medically necessary.

Ambien CR 12.5 mg #30: 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 (Chronic): Insomnia treatment. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

Decision rationale: This is a request for a different, stronger form of Ambien, or Zolpidem. As previously noted, this claimant was injured in 2006 with back, right knee and shoulder pain. The diagnoses have included right knee tear lateral meniscus and possible tear medial meniscus; right knee chondromalacia; protrusion 5 millimeter L3-4 and L4-5 and 3 millimeter L5-S1 (sacroiliac) with neural encroachment and stratus post right knee surgery times two. Treatment to date has included right knee surgery on 2/26/07 of a partial lateral meniscectomy, arthroscopic chondroplasty of the lateral femoral condyle, arthroscopic tricompartmental synovectomy and removal of chondral loose bodies; right shoulder surgery on 8/26/07 in the form of subacromial decompression, debridement of rotator cuff tear, synovectomy and bursectomy. Medicines had been hydrocodone/acetaminophen; naproxen; omeprazole and zolpidem tartrate. Like the other request for Ambien, the MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long-term usage. The medicine was appropriately not medically necessary.

3 Extracorporeal shockwave therapy sessions utilizing the EMS Swiss Dolor Clast ESWT device, 2000 shocks at the level 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Extracorporeal shock wave therapy (ESWT). (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, under Extracorporeal Shock Wave Treatment.

Decision rationale: As noted, this claimant was injured in 2006 with back, right knee and shoulder pain. The diagnoses have included right knee tear lateral meniscus and possible tear medial meniscus; right knee chondromalacia; protrusion 5 millimeter L3-4 and L4-5 and 3 millimeter L5-S1 (sacroiliac) with neural encroachment and stratus post right knee surgery times two. Treatment to date has included right knee surgery on 2/26/07 of a partial lateral meniscectomy, arthroscopic chondroplasty of the lateral femoral condyle, arthroscopic tricompartmental synovectomy and removal of chondral loose bodies; right shoulder surgery on 8/26/07 in the form of subacromial decompression, debridement of rotator cuff tear, synovectomy and bursectomy. Medicines had been hydrocodone/acetaminophen; naproxen; omeprazole and zolpidem tartrate. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The evidence based guides for the Knee noted this modality is under study for patellar tendinopathy and for long bone hypertrophic nonunion. This case meets neither criterion. Even the studies are conflicting. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggested that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. (Cacchio, 2009) New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) was actually ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010) The studies are conflicting. Even if accepted, this case meets neither criteria for use for the knee, and is appropriately not medically necessary.