

Case Number:	CM15-0128650		
Date Assigned:	07/21/2015	Date of Injury:	02/16/2010
Decision Date:	09/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 injured worker is a 39 year old male who sustained an industrial injury on 2/16/10. Progress report dated 5/5/15 reports continued complaints of bilateral knee pain associated with clicking and popping, right greater than left. Diagnoses include: status post right knee arthroscopic anterior cruciate, ligament reconstruction with tendon allograft, status post right knee arthroscopic partial medial and lateral meniscectomy and micro-fracture chondroplasty, post traumatic knee osteoarthritis and left knee synovitis and effusion. Plan of care includes: continue medications previously prescribed, request series of right knee viscosupplement injections and continue with pain management. Work status: disabled. Follow up in 3 to 4 weeks. Pain management progress note dated 5/27/15 reports continued bilateral knee pain. Plan of care includes: refill all medications; naproxen, omeprazole, flexeril, neurontin, menthoderm gel and pursue injections. Follow up 7/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sod 550 mg #100 dispensed 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents on 05/05/15 with unrated right knee and lower back pain. The patient's date of injury is 02/16/10. Patient is status post right knee arthroscopic anterior cruciate ligament reconstruction on 08/23/13, status post right knee partial medial and lateral meniscectomy, and micro-fracture chondroplasty at a date unspecified. The request is for Naproxen Sod 550MG #100 5/27/15. The RFA is dated 05/27/15. Physical examination dated 05/05/15 reveals moderate swelling in the right knee, and slight swelling in the left knee, and slightly decreased range of motion on flexion of the right knee in June 2012. The patient is currently prescribed Naproxen, Gabapentin, Tizanidine, and Omeprazole. Diagnostic imaging was not included. Per 05/05/15 progress note, patient is currently classified as disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the continuation of Naproxen for this patient's chronic pain, the requesting physician has not provided documentation of medication efficacy. This patient has been prescribed Naproxen since at least 02/18/15. Most recent progress report, dated 05/27/15 does not include any discussion of medication efficacy. The handwritten and poorly scanned note is difficult to decipher, and only contains subjective complaints, objective findings, and a plan of care without addressing how this patient's medication regimen improves function or reduces pain. Without documentation of efficacy the continuation of this medication cannot be substantiated. The request is not medically necessary.

Omeprazole 20mg #100 dispensed 5/27/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs-Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

Decision rationale: The patient presents on 05/27/15 with unrated bilateral knee pain and unrated bilateral SI joint pain with associated spasms and numbness. The patient's date of injury is 02/16/10. Patient is status post right knee arthroscopic anterior cruciate ligament reconstruction on 08/23/13, status post right knee partial medial and lateral meniscectomy, and micro-fracture chondroplasty at a date unspecified in June 2012. The request is for Omeprazole 20MG #100 Dispensed 5/27/15. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals bilateral SI joint tenderness, bilaterally positive Gaenslen's test, bilaterally

positive FABRE maneuver, 10 percent decreased lumbar range of motion in all planes, bilaterally positive straight leg raise test, and spasms of the lumbar paraspinal musculature. The patient is currently prescribed Naproxen, Gabapentin, Tizanidine, and Omeprazole. Diagnostic imaging was not included. Per 05/05/15 progress note, patient is currently classified as disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs-Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Omeprazole, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient has been prescribed Omeprazole since at least 02/18/18, though efficacy is not addressed in the subsequent reports. While this patient was concurrently prescribed Naproxen for pain, here is no discussion of gastric complaints secondary to NSAID use, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request is not medically necessary.

Flexeril 7.5mg #90 dispensed 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 05/27/15 with unrated bilateral knee pain and unrated bilateral SI joint pain with associated spasms and numbness. The patient's date of injury is 02/16/10. Patient is status post right knee arthroscopic anterior cruciate ligament reconstruction on 08/23/13, status post right knee partial medial and lateral meniscectomy, and micro-fracture chondroplasty at a date unspecified in June 2012. The request is for Flexeril 7.5MG #90 Dispensed 5/27/15. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals bilateral SI joint tenderness, bilaterally positive Gaenslen's test, bilaterally positive FABRE maneuver, 10 percent decreased lumbar range of motion in all planes, bilaterally positive straight leg raise test, and spasms of the lumbar paraspinal musculature. The patient is currently prescribed Naproxen, Gabapentin, Tizanidine, and Omeprazole. Diagnostic imaging was not included. Per 05/05/15 progress note, patient is currently classified as disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 under Muscle relaxants states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 02/18/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back or cervical pain pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 90 tablets in

addition to prior use does not imply the intent to limit use of this medication to 2-3 weeks. Therefore, the request is not medically necessary.

Neurontin 600mg #100 dispensed 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents on 05/27/15 with unrated bilateral knee pain and unrated bilateral SI joint pain with associated spasms and numbness. The patient's date of injury is 02/16/10. Patient is status post right knee arthroscopic anterior cruciate ligament reconstruction on 08/23/13, status post right knee partial medial and lateral meniscectomy, and micro-fracture chondroplasty at a date unspecified in June 2012. The request is for Neurontin 600MG #100 Dispensed 5/27/15. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals bilateral SI joint tenderness, bilaterally positive Gaenslen's test, bilaterally positive FABRE maneuver, 10 percent decreased lumbar range of motion in all planes, bilaterally positive straight leg raise test, and spasms of the lumbar paraspinal musculature. The patient is currently prescribed Naproxen, Gabapentin, Tizanidine, and Omeprazole. Diagnostic imaging was not included. Per 05/05/15 progress note, patient is currently classified as disabled. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin-Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Gabapentin, pain reduction or functional improvement attributed to this medication has not been established. This patient has been prescribed Gabapentin since at least 02/18/15, though efficacy is not addressed in the subsequent reports. The most recent progress note, dated 05/27/15 lists Neurontin among this patient's active prescriptions, though the provider neglects to provide any documentation of efficacy or discussion of functional improvement. While this patient presents with significant chronic pain symptoms, progress notes neglect to document analgesia or functional improvements attributed to medications. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, none is provided. Therefore, the request is not medically necessary.

Mentherm Gel 120 gram dispensed 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The patient presents on 05/27/15 with unrated bilateral knee pain and unrated bilateral SI joint pain with associated spasms and numbness. The patient's date of injury is 02/16/10. Patient is status post right knee arthroscopic anterior cruciate ligament reconstruction on 08/23/13, status post right knee partial medial and lateral meniscectomy, and micro-fracture chondroplasty at a date unspecified in June 2012. The request is for Mentoderm Gel 120 Gram Dispensed 5/27/15. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals bilateral SI joint tenderness, bilaterally positive Gaenslen's test, bilaterally positive FABRE maneuver, 10 percent decreased lumbar range of motion in all planes, bilaterally positive straight leg raise test, and spasms of the lumbar paraspinal musculature. The patient is currently prescribed Naproxen, Gabapentin, Tizanidine, and Omeprazole. Diagnostic imaging was not included. Per 05/05/15 progress note, patient is currently classified as disabled. MTUS page 111, Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In regard to the continuation of Mentoderm gel for this patient's chronic pain, the requesting physician has not provided documentation of medication efficacy. This patient has been prescribed Mentoderm since at least 02/18/15. Most recent progress report, dated 05/27/15 does not include any discussion of medication efficacy. The handwritten and poorly scanned note is difficult to decipher, and only contains subjective complaints, objective findings, and a plan of care without addressing how this patient's medication regimen improves function or reduces pain. Without documentation of efficacy the continuation of this medication cannot be substantiated. The request is not medically necessary.

Bilateral sacroiliac joint injections: 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), hip and pelvis, sacroiliac joints blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis/Hip chapter under SI joint injections.

Decision rationale: The patient presents on 05/27/15 with unrated bilateral knee pain and unrated bilateral SI joint pain with associated spasms and numbness. The patient's date of injury

is 02/16/10. Patient is status post right knee arthroscopic anterior cruciate ligament reconstruction on 08/23/13, status post right knee partial medial and lateral meniscectomy, and micro-fracture chondroplasty at a date unspecified in June 2012. The request is for Bilateral Sacroiliac Joint Injections. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals bilateral SI joint tenderness, bilaterally positive Gaenslen's test, bilaterally positive FABRE maneuver, 10 percent decreased lumbar range of motion in all planes, bilaterally positive straight leg raise test, and spasms of the lumbar paraspinal musculature. The patient is currently prescribed Naproxen, Gabapentin, Tizanidine, and Omeprazole. Diagnostic imaging was not included. Per 05/05/15 progress note, patient is currently classified as disabled. The MTUS/ACOEM guidelines do not discuss SI joint injections. ODG guidelines were consulted. ODG-TWC guidelines, Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment. In regard to the bilateral SI joint injections, guidelines do not support such injections for this patient's chief complaint. Progress notes do not indicate that this patient has had any SI joint injections to date. Progress note 05/27/15 includes findings of left sided SI joint tenderness, positive FABRE test and Gaenslen's test bilaterally. However, general SI joint tenderness and chronic pain is not considered by guidelines as an appropriate condition for such injections. ODG recommends SI joint injections on a case-by-case basis for conditions such as inflammatory spondyloarthropathy (sacroiliitis) or other rheumatological conditions. In this case, the patient presents with SI joint tenderness, but there is no indication that this pain is due to a rheumatologic in origin. Therefore, the request is not medically necessary.